North Carolina
Department of
Health and Human Services

HIS Local Setup Instructions

Health Information System (HIS)

Version 7.1

Prepared By:

HIS Project Team – Business Support Group
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Change History

Version Date	Version Description
V1.0 – June 20, 2008	Original document.
V2.0 – November 3, 2008	Tested version.
V3.0 – January 26, 2009	Updated based on Pilot UAT review.
V3.1 – February 12, 2009	Updated based on Netsmart review
V3.2 – February 16, 2009	Guarantor Information updated.
V3.3 – April 6, 2009*	Removed Appendix E, List of Guarantors/Payors Available in HIS
V4.0 – February 1, 2010	Reorganized document to include only local set up tasks grouped under “now” and “8 weeks” out.
V5.0 – February 26, 2010	Included 1 week through GoLive tasks tasks.
V5.1 – March 30, 2010	Updated screenshot
V5.2 - April 7, 2010	Note added to 1 week tasks: User Role and Extended Chart.
V5.3 - 4/12/2010	Setup site specific Extended Chart
V5.3 - 4/29/2010	District setup notes added.
V6.0 - May 13, 2010	Adding a second CLIA number to HIS.
V7.0 - June 9, 2010	Update based upon feedback from RSGs.
V7.1 - July 1, 2010	Updated the NCID section.

Your PHLive environment and How To document screenshots may not always match due to the dynamic nature of HIS. If any modification to the system impacts the process outlined in this document, an updated How To document will be available through the HIS Website.

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1. Introduction

The purpose of this document is to assist local health departments (LHDs) and Children's Developmental Service Agencies (CDSAs) in setting up and maintaining their root system code within the Health Information System (HIS) options.

NOTE: Please note that this document will be organized into task groupings depending upon the timeframe in which the tasks need to occur.

1.1 HIS Customer Support Contact Information

For all HIS questions and support needs, please contact the DHHS Customer Support Center (CSC). You can reach the DHHS CSC Monday through Friday, 8:00 am through 5:00 pm at:

- Phone: (919) 855-3200 and select Option 5
- Email: DHHS.Customer.Support.Center@ncmail.net

1.2 Work Station Set Up

Refer to the HIS Website for the minimum desktop requirements to support HIS. This information can be found by accessing the System Requirements folder and then selecting the HIS System Requirements document.

The HIS Project Team has worked to identify the highest and lowest versions of JAVA that an agency can run for HIS to work successfully. The lowest version an agency can run is JAVA v1.5_8. The recommended JAVA version is v1.5_12. If you have a JAVA version higher then 5.0 update 12, your System Administrators will need to install the JAVA Runtime Fix Applet. Additional Java instructions are available on the HIS Website under the HIS System Requirements page.

Whenever changes are made in the system requirements, the HIS Website will be updated. It is recommended to reference this resource often for updates.

1.3 NCID

The North Carolina Identity Service (NCID) is the standard identity management and access service provided to state, local, business and citizen users by the Office of Information Technology Services. HIS requires all users to have a NCID to login to the application. Furthermore, you are required to obtain a pre-production NCID to access the HIS training environment. For each Root System Code (RSC), you will have:

HIS Live Environment	• This is the live HIS environment that you will use to manage business processes within your agency, such as billing and client data. • Use your NCID username and NCID password to access this environment.
HIS Training Environment (i.e., Sandbox)	• This is a practice environment where you can practice and interact with Avatar without impacting actual client data. • Use your pre-production NCID username and pre-production NCID password to access this environment.

1.3.1 NCID Access Instructions

For instructions on obtaining a NCID or pre-production NCID, please refer to the NCID Registration Instruction document located on the HIS Website (http://his.dhhs.state.nc.us) under Training & System Manuals > Supplemental Documentation. Please note that it can take up to 30 days to receive a NCID approval.

NOTE: If you have staff who currently have a NCID since they access other systems in production (e.g., NCIR), those staff members do not need to acquire a new NCID.

Once you establish your NCID username and password, the password associated with your NCID will expire every 90 days. Once your password has expired, your account will be inactivated and you will be required to contact OITS to reactivate your account. An expired password/NCID account will prevent you from logging into HIS. You should receive a notification via email that your password is about to expire. Once you receive this password, make sure you access the NCID website and change your password.

1.4 HIS User Roles

Every user who accesses the Avatar system will be assigned a User Role by your local system administrator. The user role to which you are assigned will be tied to the type of job or function you provide within your agency. User roles dictate what you have access to in the Avatar system, which dictates the type of functionality available to you.

HIS user roles for both LHD and CDSA agencies can be found on the HIS Website (Training & System Manuals > Supplemental Documentation):

- HIS User Roles for LHDs
- HIS User Roles for CDSAs

1.5 Login to HIS Training Environment

When logging into the HIS Training Environment (i.e., Sandbox), you will need to obtain a pre-production NCID username and password.

NOTE: The Training environment is where you will address the Now tasks. For the remaining tasks, you will address these items in your PHLive environment.

1. Enter the following web address: https://his-uats.dhhs.state.nc.us/radplus/index.jsp
2. Once the application opens in your web browser, click the **User Authentication** link located on the left-hand side of the application.

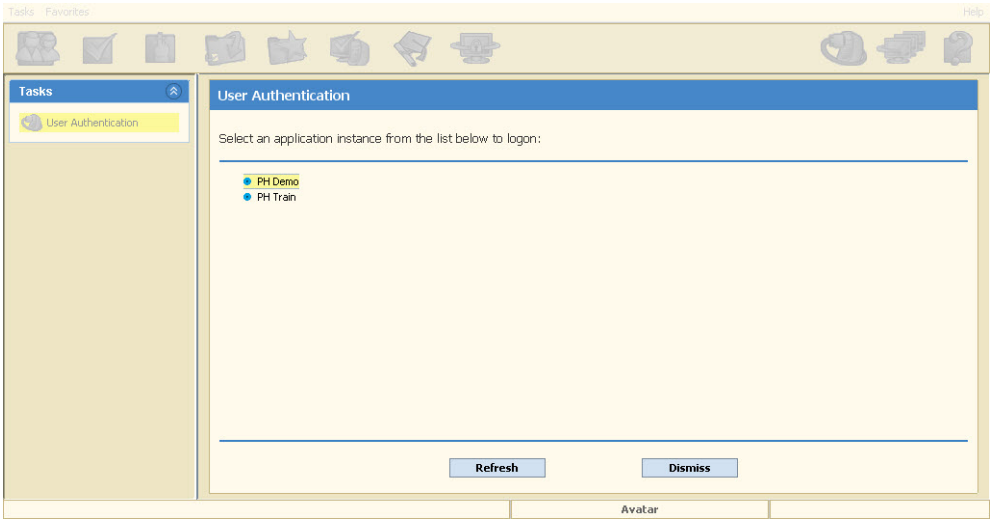

Figure 1: Login Screen for PH Train.

3. Click the **PH Train** link to enter the HIS Training Environment.

   NOTE: You will be directed to the Login screen, which requires you to include your System Code, User ID and Password.
4. Enter your Root System Code into the **System Code** field.
5. Enter your NCID pre-production username in the **User ID** field.

6. Enter your NCID pre-production password in the **Password** field.

   NOTE: All three fields are required. Once data is included in all three fields, the **Login** button will become active.

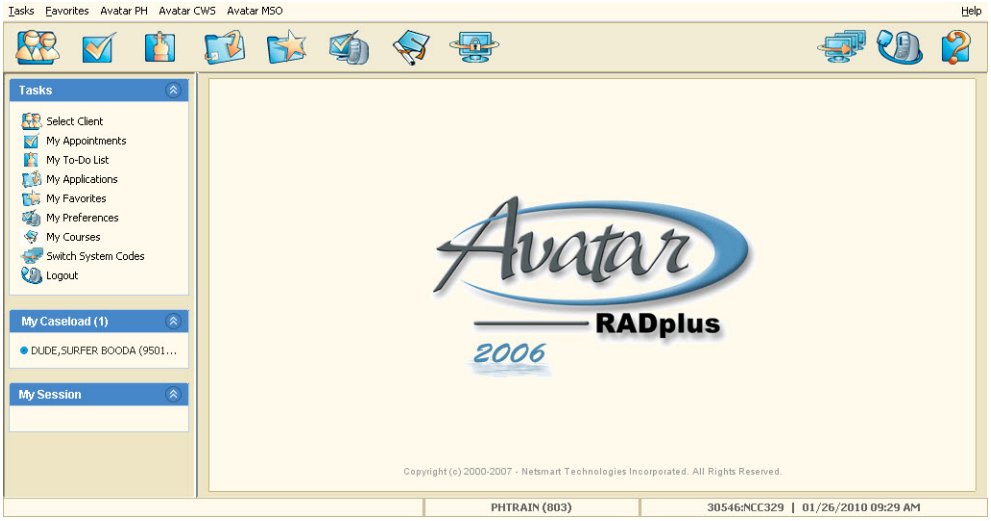

Figure 2: User Authentication screen.

1.6 Login to your PHLive Environment

When logging into your PHLive Environment (i.e., Production), you will need a NCID username and password.

NOTE: The PHLive environment is where you will address all remaining tasks (tasks that occur after the Now tasks).

1. Enter the following web address: https://his-prod.dhhs.state.nc.us/radplus/index.jsp
2. Once the application opens in your web browser, click the **User Authentication** link located on the left-hand side of the application.
3. Enter your Root System Code into the **System Code** field.
4. Enter your NCID username in the **User ID** field.
5. Enter your NCID password in the **Password** field.

   NOTE: All three fields are required. Once data is included in all three fields, the **Login** button will become active.

1.7 District Setup Information

Within the document, district setup notes are provided within an orange text block. When a task is noted to be setup at the District level, this indicates that the user needs to log in to HIS using their 200 level Root System Code (RSC) in the **System Code** field. When a task is noted to be setup at the Sub-RSC level, this indicates that the user needs to log in to HIS using their 100 level Root System Code (RSC) in the **System Code** field, unless otherwise noted.

2. Setup Tasks - Now

The following tasks can be addressed **now**. For tasks that occur within HIS, you will tackle these tasks in your local PHTrain environment, unless otherwise noted. Use this page to check off completed activities.

NOTE: The Training environment is where you will address the **Now** tasks. For all tasks not grouped under the Now heading, they will be addressed in your PHLive environment.

	Task	Associated Instruction(s)
☐	Address work denials, negative balances and write-offs before GoLive so that you bring only positive patient balances forward.	
☐	Verify that everyone in your agency that will be using HIS has a NCID. Note: Your local NCID administrator will need to perform this task. **This task is a priority as a NCID is required to access the system.** It may take up to 30 days to obtain a NCID.	• NCID
☐	Designate an individual to verify the list of program codes within your specific root system code(s). Complete Appendix A to verify that the information is complete and is what you want moved into Production so that your agency will be ready to use these fields on your GoLive date; the form should be submitted *no later than 4 weeks before your GoLive date.*	• 2.1 Verify Program Codes within your Root System Code
☐	Designate an individual within your Root System Code to validate the dictionary values for **Type of Documentation** field for verifying type of income is complete and accurate. Complete Appendix A to verify that the information is complete and is what you want moved into Production so that your agency will be ready to use these fields on your GoLive date; the form should be submitted *no later than 4 weeks before your GoLive date.*	• 2.2 Verify Dictionary Value – Type of Documentation Used to Verify Income
☐	Designate an individual within your Root System Code to validate the *Type of Consent* dictionary values found within the Consents/Authorization/Notification option. Complete Appendix A to verify that the information is complete and is what you want moved into Production so that your agency will be ready to use these fields on your GoLive date; the form should be submitted *no later than 4 weeks before your GoLive date.*	• 2.3 Verify Dictionary Value – Type of Consent
☐	Designate an individual within your Root System Code to validate the dictionary values for the **Service Site** cell within the **Encounter Recording** option.	• 2.4 Verify Dictionary Value – Service Site (Encounter Recording)
☐	Prepare the following on paper, but do not enter at this time the information on Referral Sources used by your agency.	• 2.5 Define Referral Sources • See Referral Source

	Look at the required fields for this in the system and have that information on your referral sources ready to go so it can be quickly entered.	Management section within the HIS User Manual. • Location: HIS Website > HIS Manual > Referral Source Maintenance
☐	Verify Case Load Types available in your Root System Code.	• 2.6 Verify Case Load Type
☐	Prepare dunning message on paper.	• 2.7 Prepare Dunning Message • See Client Self Pay Dunning Message section within the HIS User Manual. • Location: HIS Website > HIS Manual > Client Management
☐	Submit to the HIS Project Team a list of current Payors billed in the last three (3) months.	• 2.8 Current Payors Billed • HIS Website > Training & System Manuals > Supplemental Documentation > Commercial Guarantor • HIS Website > Training & System Manuals > Forms > HIS Request Form

2.1 Verify Program Codes within your Root System Code

Review and verify the program codes identified within the **Program Maintenance** option.

District Setup Note: This task should be handled at the District RSC level (i.e., 200 level RSC).

Avatar Path:

Avatar PH > System Maintenance > System Definition > Program Maintenance

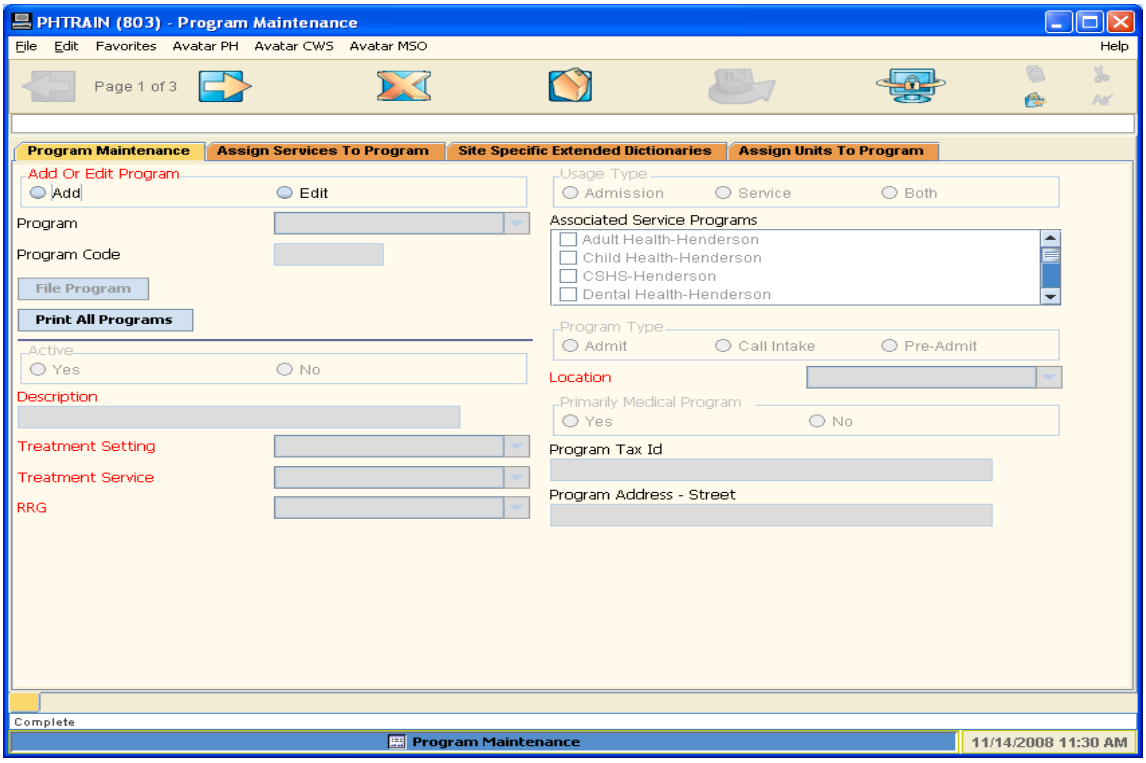

Figure 3: System Definition – Program Maintenance Tab.

1. Select the **Program Maintenance** tab.
2. Click on the **Print All Programs** button to display the **All Programs Report.**

   NOTE: This report will take a few moments to display.

NOTE

To print all programs, no data entry is required.

3. Review the **All Programs Report**.

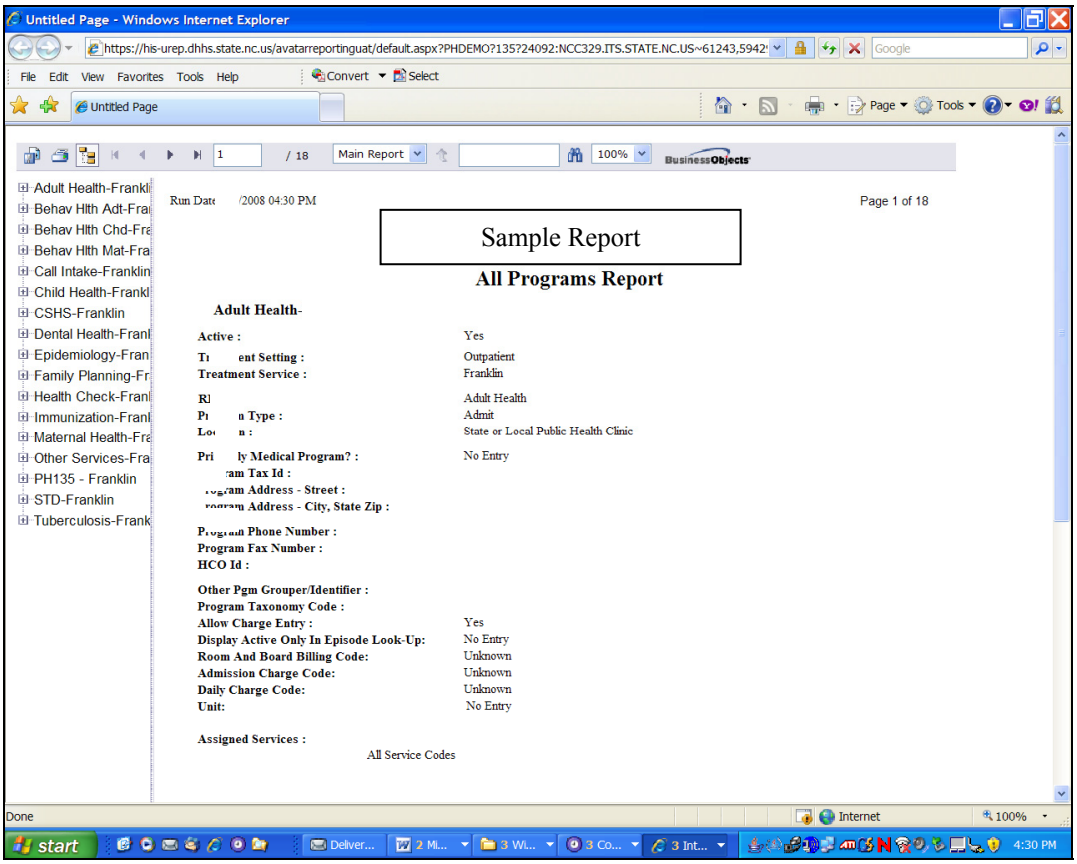

Figure 4: Example of All Programs Report.

NOTE

Once you have completed this review, include your comments within Appendix A and submit the document to the HIS Team no later than four (4) weeks prior to your GoLive date.

2.2 Verify Dictionary Value – Type of Documentation Used to Verify Income

Review and verify the Type of Documentation field located within the **Client Household/Contract Information** option.

District Setup Note: This task should be handled at the District RSC level (i.e., 200 level RSC).

Avatar Path:
Avatar PH > Client Management > Client Information > Client Household/Client Information

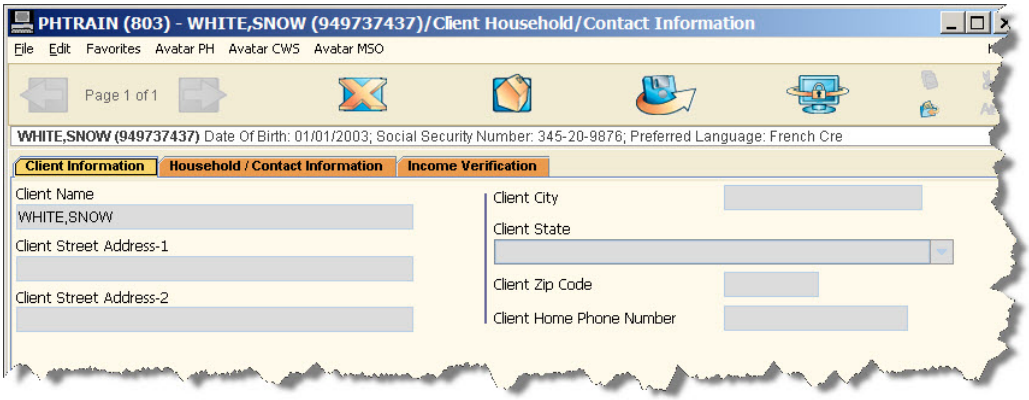
PHTRAIN (803) - WHITE,SNOW (949737437)/Client Household/Contact Information
File Edit Favorites Avatar PH Avatar CWS Avatar MSO
Page 1 of 1
WHITE,SNOW (949737437) Date Of Birth: 01/01/2003; Social Security Number: 345-20-9876; Preferred Language: French Cre
Client Information
Household / Contact Information
Income Verification
Client Name
WHITE,SNOW
Client Street Address-1
Client Street Address-2
Client City
Client State
Client Zip Code
Client Home Phone Number

Figure 5: Client Household/Client Information – Client Information tab.

1. Select the **Household/Contact Information** tab.
2. Click **Add New Item** button.

   NOTE: In order to verify the values within the **Type of Documentation** field, which is located within the **Income Verification** tab, you must first establish a "client" within the **Client Contact Information** multi-iteration table. If you do not select the **Add New Item** button, when you select the **Income Verification** tab, you will receive an error message.

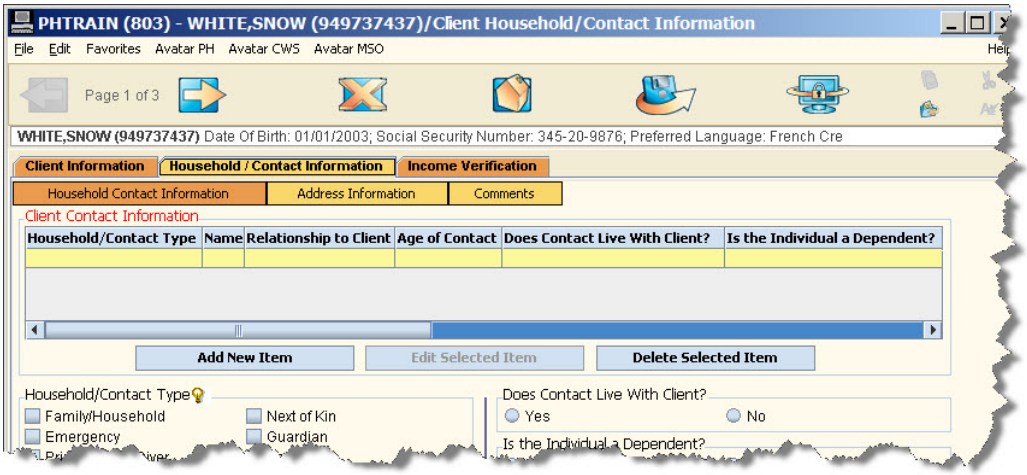

Figure 6: Client Household/Client Information – Household/Contact Information tab.

3. Select the **Income Verification** tab.

4. Select the **Type of Documentation** drop-down list and verify the values listed are correct.

   NOTE: Once you are finished reviewing this dictionary value, close out of this option; do not save or submit your changes.

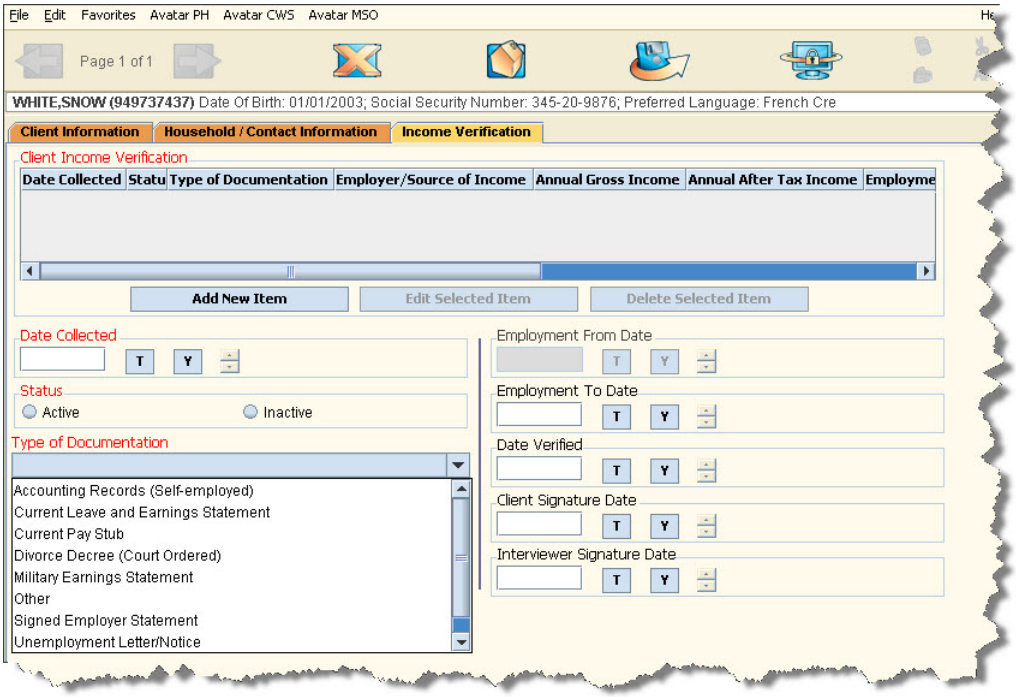

Figure 7: Client Household/Client Information – Income Verification tab.

NOTE

Once you have completed this review, include your comments within Appendix A and submit the document to the HIS Team no later than four (4) weeks prior to your GoLive date.

2.3 Verify Dictionary Value – Type of Consent

Review and verify the **Type of Consent** field values located within the **Consents/Authorizations/Notifications** option.

District Setup Note: This task should be handled at the District RSC level (i.e., 200 level RSC).

Avatar Path:

Avatar PH > Client Management > Registration and Enrollment > Consents/Authorizations/Notifications

PHTRAIN (803) - WHITE,SNOW (949737437)/Consents/Authorizations/Notifications
File Edit Favorites Avatar PH Avatar CWS Avatar MSO
Page 1 of 1
WHITE,SNOW (949737437) Date Of Birth: 01/01/2003; Social Security Number: 345-20-9876; Preferred Language: French Cre
Comments
Consents/Authorizations/Notifications
Comments

Figure 8: Consents/Authorizations/Notifications – Comments tab.

1. Select the **Consents/Authorizations/Notifications** tab.
2. Select the **Type of Consent** drop-down field and verify the values listed are correct.

   NOTE: Once you are finished reviewing this dictionary value, close out of this option; do not save or submit your changes.

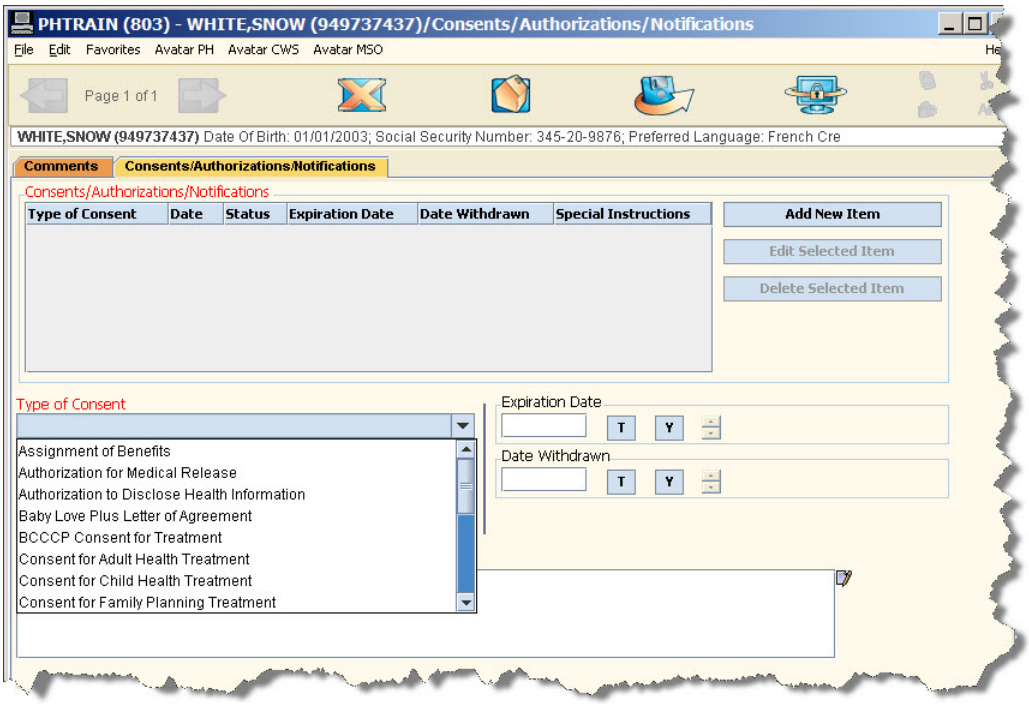

Figure 9: Consents/Authorizations/Notifications tab.

NOTE

Once you have completed this review, include your comments within Appendix A and submit the document to the HIS Team no later than four (4) weeks prior to your GoLive date.

2.4 Verify Dictionary Value – Service Site (Encounter Recording)

Review and verify the **Type of Consent** field values located within the **Encounter Recording** option.

District Setup Note: This task should be handled at the District RSC level (i.e., 200 level RSC).

Avatar Path:
Avatar PH > Services > Services > Encounter Recording

1. Enter a client in the **Client Name/ID#** field.
2. Click the **OK** button to access the **Encounter Recording** option.

   NOTE: If no previous encounters exist for the client, you will be directed to the **Encounter Recording** option. If the client you selected has a prior encounter recorded in the system, you will receive the **Pre-Display** screen. If you receive the **Pre-Display** screen for **Encounter Recording**, click the **Add** button.

3. Enter a date in the **Encounter Recording** field.

   NOTE: In order to access the **Encounter Charge Input** grid, you have to include data in the required fields within the **Encounter Information** tab.

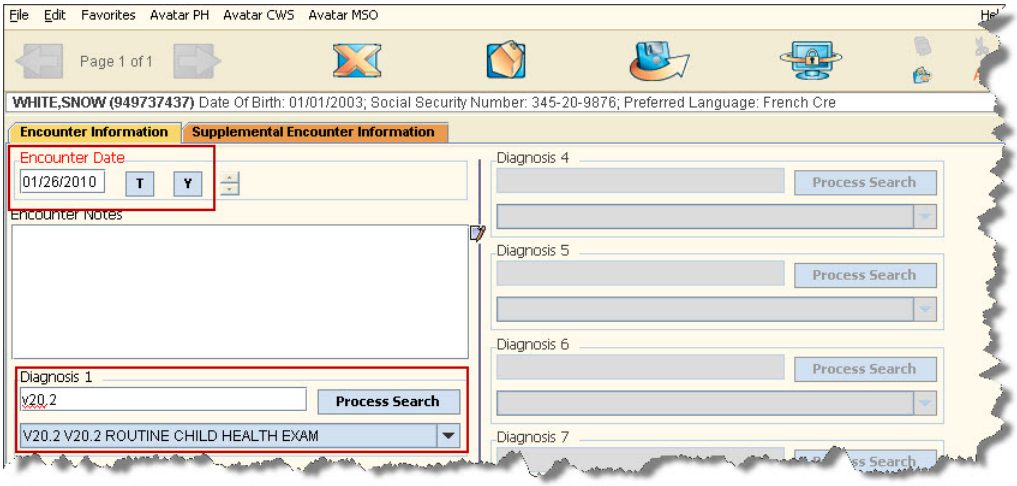

Figure 10: Encounter Date field and Diagnosis 1 field.

4. Enter a diagnosis in the **Diagnosis 1** field (see Figure 10).

   NOTE: In order to access the **Encounter Charge Input** grid, you have to include at least one medical diagnosis. You can enter *V20.2* in the **Diagnosis 1** field. The actually diagnosis entered is not important, only that a diagnosis is entered.
5. Click the **Process Search** button (see Figure 10).

   NOTE: If you entered the complete diagnosis, a "Confirm" dialog box will display. Click the **OK** button to continue. If you entered a portion of the diagnosis code, you will need to select a diagnosis code from the **Diagnosis 1** drop-down field.
6. Click the **Launch Encounter Charge Input** button. The **Encounter Charge Input** grid displays.

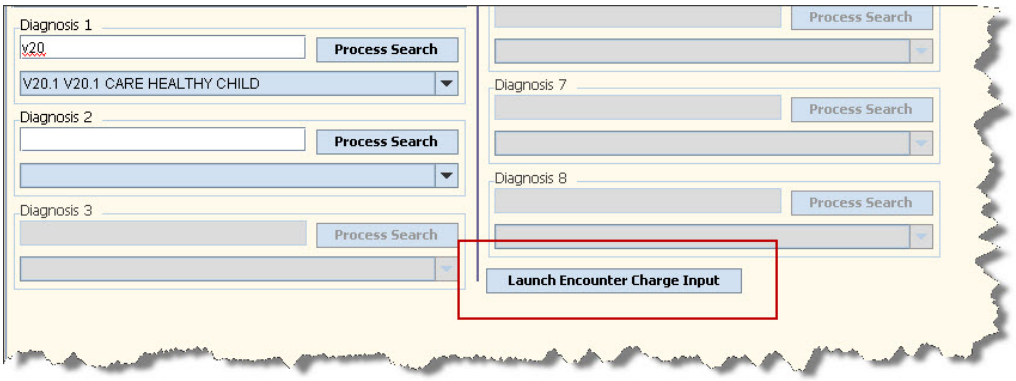

Figure 11: Launch Encounter Charge Input button

7. Using the horizontal scroll bar, locate the **Service Site** field.

8. Double-click the **Service Site** field.

   NOTE: The **Service Site search results** dialog box displays. Review the service sites listed in this dialog box. Once you are finished reviewing the available service sites, close out of this option; do not save or submit your changes.

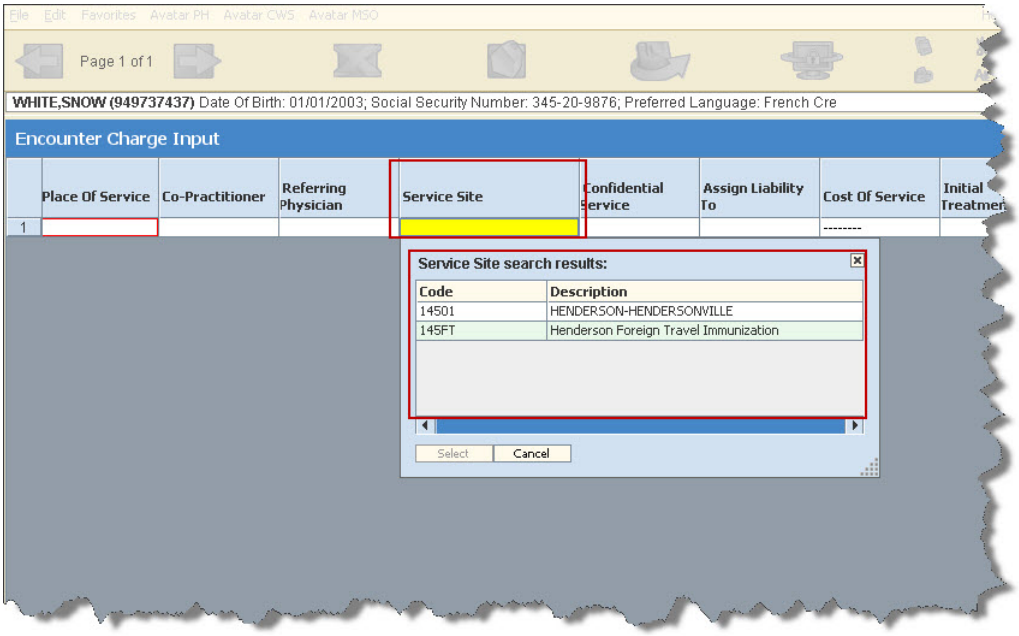

Figure 12: Encounter Charge Input – Service Site field and Service Site search results dialog box.

NOTE

If you identify that a service site is not listed, please contact the HIS Help Desk for assistance with adding additional service sites.

2.5 Define Referral Sources

If needed, you can define referral sources in the Avatar system for your agency. Prepare the following on paper, but do not enter this information into the Avatar system. Look at the required fields for this in the system and have that information on your referral sources ready to go so it can be quickly entered.

District Setup Note: This task occurs outside of HIS. The HIS Project Team recommends maintaining one spreadsheet with your referral sources.

NOTE: Appendix B is provided to help you capture referral source information. Replicate Appendix B for each referral source you need entered into Avatar.

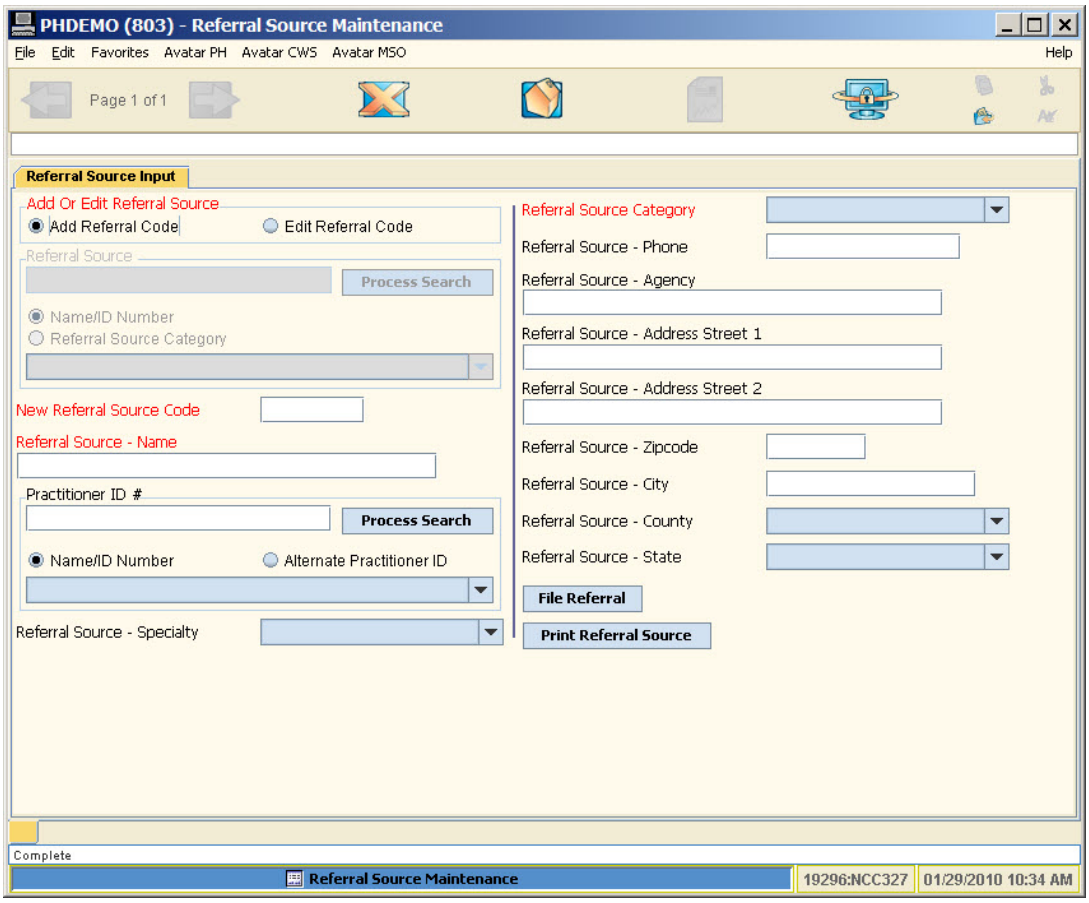

Figure 13: Referral Source Maintenance option

2.6 Verify Case Load Type

Review and verify the **Case Load Type** field values located within the **Caseload Type Maintenance** option.

District Setup Note: This task should be handled at the local level (i.e.., by each Sub-Root System Code).

Avatar Path:
Avatar PH > System Maintenance > System Definition > Caseload Type Maintenance

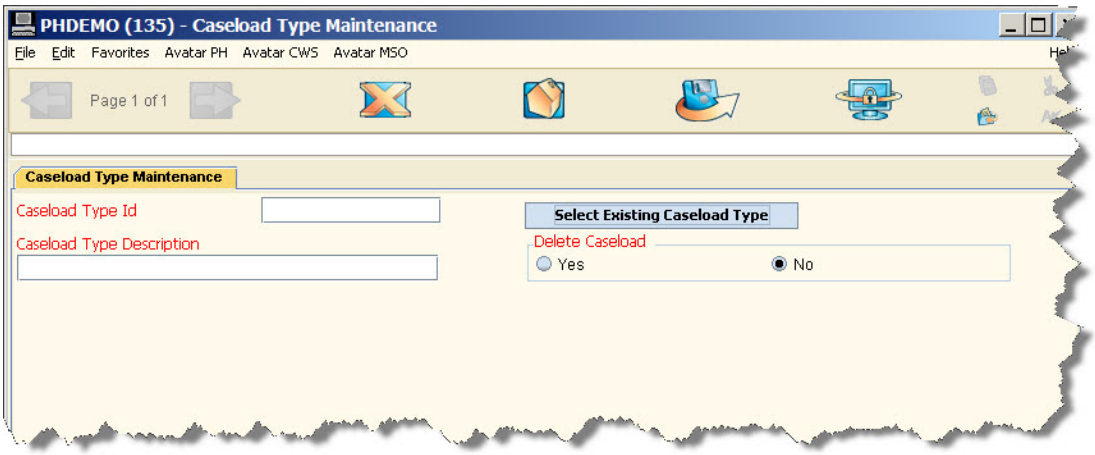

Figure 14: Caseload Type Maintenance option

1. Click the **Select Existing Caseload Type** button.

   NOTE: The **Select Existing Caseload Type** dialog box displays.

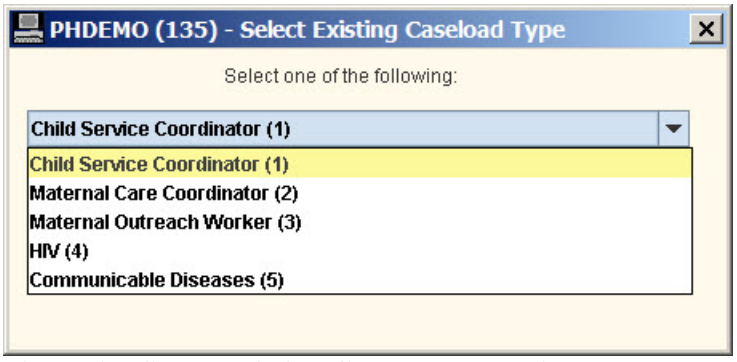
PHDEMO (135) - Select Existing Caseload Type
Select one of the following:
Child Service Coordinator (1)
Child Service Coordinator (1)
Maternal Care Coordinator (2)
Maternal Outreach Worker (3)
HIV (4)
Communicable Diseases (5)

Figure 15: Select Existing Caseload Type dialog box

2. Verify the Caseload Type list is accurate.

   NOTE: If any Caseload Types are missing and need to be added, please contact your State HIS Administrative Consultant or the HIS Project Team 919-855-3200 option 5 or 919-218-3867.

2.7 Prepare Dunning Message

District Setup Note: This task occurs outside of HIS. The recommendation is that a single dunning message be provided across all Sub-Root System Codes.

Prepare the following on paper, but do not enter at this time the dunning messages you would like to be printed on Self-Pay client bills/statements. Note that there is an 80 character limit on each field, so it may take some time to create the applicable wording due to the character restrictions.

Please refer the HIS User Manual for additional Client Self Pay Dunning Message information. Client Self Pay Dunning Message information can be found in the PH System Maintenance chapter. The User Manual is located on the HIS Website (Training & System Manuals > HIS Manual).

2.8 Current Payors Billed

On the HIS Website (Training & System Manuals > Supplemental Documentation > Commercial Guarantor), we have provided a list of all Commercial Guarantors currently in the Avatar system. Please review the document and verify that all Payors your agency has billed are listed in the spreadsheet. If not, please complete the HIS Request Form, which is located on the Forms page.

The HIS Request Form (HIS Website > Training & System Manuals > Forms > HIS Request Form) provides your agency with the mechanism and instructions for communicating additions or changes to guarantors listed in your RSC.

Submit the HIS Request Form no later than 4 weeks before your GoLive date to:
- HIS Team, MSC 1919, Raleigh, NC 27699-1919; or
- via fax to (919) 870-4851

3. Setup Tasks – One (1) Week

The following tasks will be addressed by your agency 1 week prior to your GoLive date in your PHLive environment, unless otherwise noted. **Do not modify data in your PHLive RSC if you were asked to verify a data conversion task.** Your objective is to verify that the data conversion properly occurred for that item. The data conversion process is a two part process and making changes to certain items in your PHLive environment can negatively impact the entire data conversion process. For those tasks in this grouping that is not a "verify" task, you can enter information into your PHLive environment specific to that task. Use this page to check off the completed activity.

District Setup Note: The HIS Project Team recommends that the billing setup tasks below be handled at the District level. The primary reason for this recommendation centers on the fact that all 835s returned will be posted at the District RSC level. Each Sub-RSC can prepare and send out multiple 837 files; however, the District will ONLY get 1 835 back that must be posted at the district level. Your agency will find the process much easier if one person at the district level manage the entire 837-835 process.

	Task(s)	Associated Instruction(s)
☐	Update your agency's facility default information	• 3.1 Facility Defaults
☐	Enter LHD System Defaults	• 3.2 LHD System Defaults
☐	Verify and assign service programs to your local agency.	• 3.3 Verify and assign Service Program to Agency
☐	Assign service codes to each program.	• 3.4 Assign Service Codes to Programs
☐	Setup site specific extended chart (i.e., system generated chart numbers).	• 3.5 Setup Site Specific Charts
☐	Verify converted practitioners.	• 3.6 Verify converted practitioners
☐	Verify service fees.	• 3.7 Verify service fees
☐	Verify that clinics in HSIS transferred to HIS. NOTE: Do not add clients to your clinics if clinics are added. Client data entry should occur after Data Conversion 2 only.	• 3.8 Verify clinics transferred from HSIS to HIS
☐	Assign user roles.	• 3.9 Assign user roles
☐	Associate appropriate users as practitioners.	• 3.10 Associate user as practitioner
☐	Verify converted sliding fee scale.	• 3.11 Verify SFS
☐	Add Medicaid Guarantor/Program Billing Defaults (LHD).	• 3.12 Add Medicaid Guarantor/Program Billing defaults
☐	Add Commercial Insurance Guarantor/Program Billing Defaults (LHD).	• 3.13 Add Commercial Insurance Guarantor/Program Billing defaults
☐	Create and updated lab dictionary tables.	• 3.14 Create / update lab dictionary tables
☐	Enter Clinical Laboratory Improvements Amendment (CLIA) Number	• 3.15 Enter CLIA Number

☐	Enter system Self-Pay Dunning Message.	• 3.16 Enter Self-Pay Dunning Message
☐	Add educational materials.	• 3.17 Add educational materials
☐	Add new referral sources.	• 3.18 Add new referral source

3.1 Update agency's facility default information

Use the **Facility Defaults** option to set your agency's default information for paper and electronic billing. If your default information is not correct, you may update the information at this point. This task should occur after data conversion 1.

District Setup Note: This task should be handled at the District RSC level (i.e., 200 level RSC).

Avatar Path to Facility Defaults:
Avatar PH > System Maintenance > System Definition > Facility Defaults

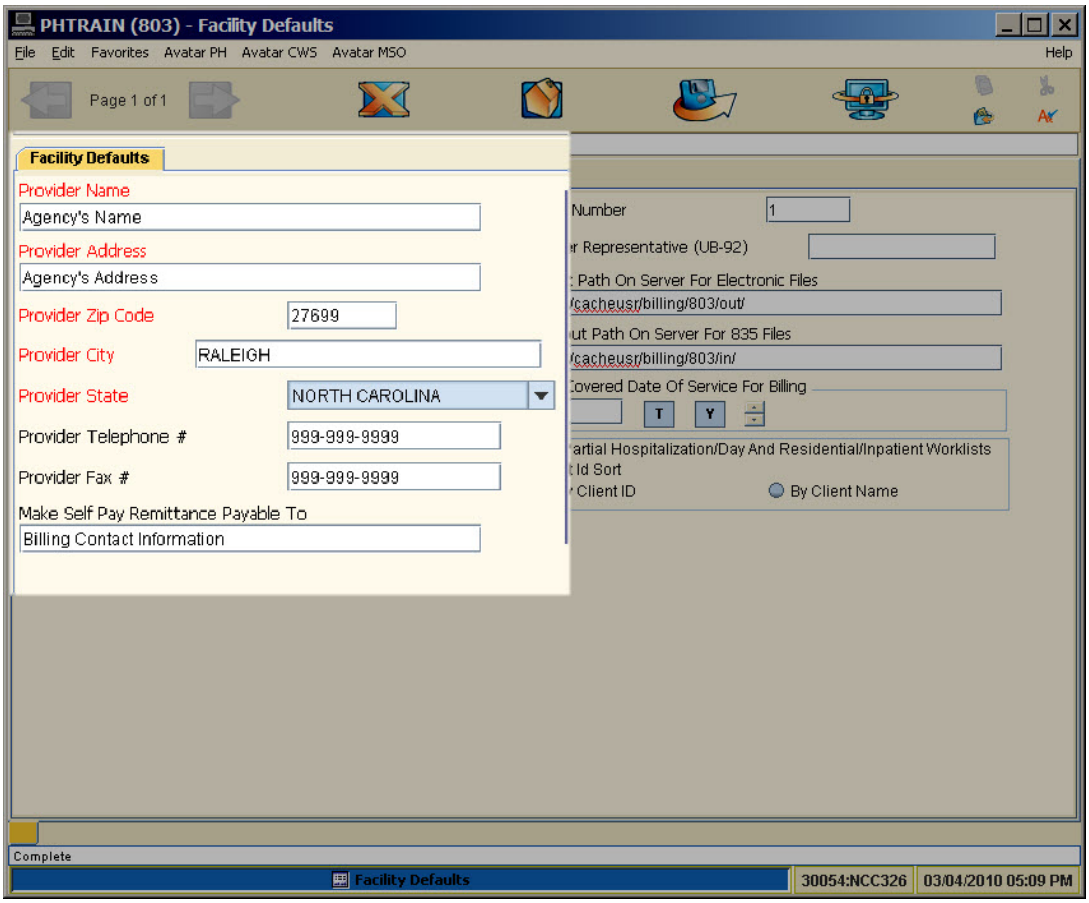

Figure 16: Facility Defaults option

1. Verify only the fields on the left side of the Facility Defaults tab.

   NOTE: The information on the right side of the **Facility Defaults** tab will be pre-populated with information from data conversion. **Do not** enter/modify any information on the right side of the **Facility Defaults** tab.
2. Correct any information that is not accurate.
3. Click **Submit** to save your facility default information.

3.2 Enter LHD System Defaults

Use the **Set System Defaults** option to set your agency's default information as it will appear in report titles and general system setup options.

District Setup Note: This task should be handled at the Sub-RSC level (i.e., 100 level RSCs). Make sure that when performing this step you login to the Sub-RSC.

Avatar Path to Set System Defaults:
Avatar CWS > CWS Utilities > Set System Defaults

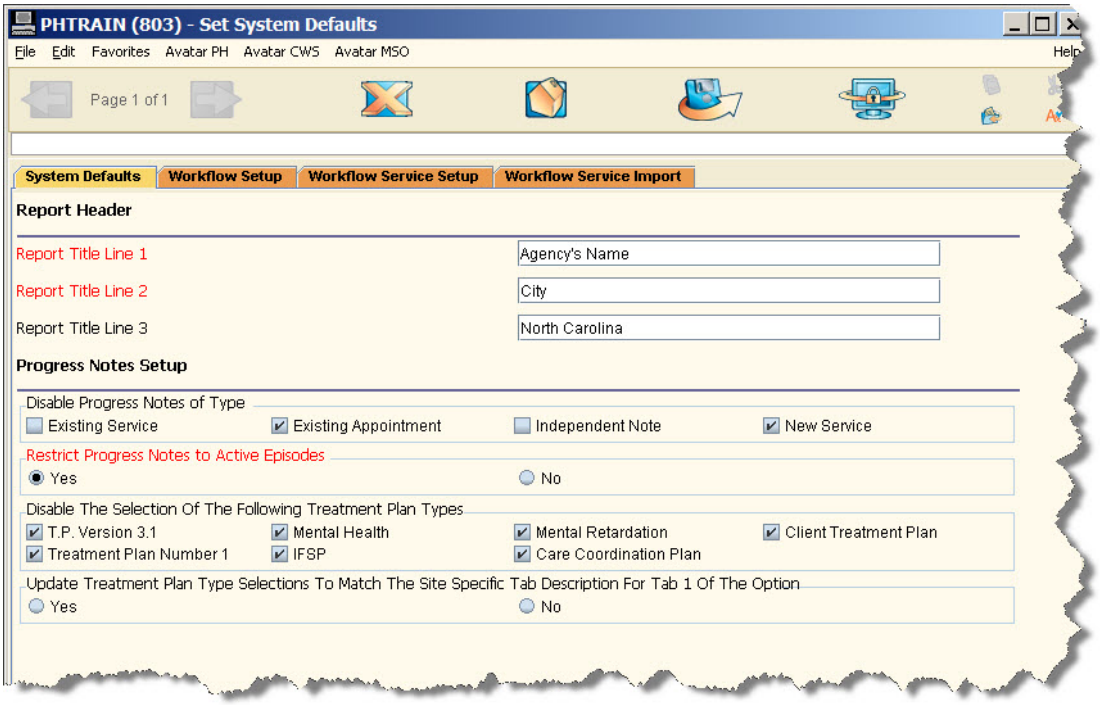

Figure 17: Set System Defaults

1. Enter the agency's name in the **Report Title Line 1** field.
2. Enter the agency's city in the **Report Title Line 2** field.
3. Enter *North Carolina* in the **Report Title Line 3** field.
4. For **Progress Notes Setup** do the following:
   a. In the **Disable Progress Notes of Type** field select the checkbox for **Existing**

Appointment and **New Service** to disable this type of progress notes.

b. Select *Yes* in the **Restrict Progress notes to Active Episodes** field.
c. Select all options in the **Disable The Selection of the Following Treatment Plan Types** field.

CAUTION!

Do not make any selection for the **Update Treatment Plan Type Selections To Match The Site Specific Tab Description For Tab 1 Of The Option** field.

5. Click the **Submit** button .

3.3 Verify and Assign Service Programs to your Local Agency

During data conversion 1, programs specific to your agency will be transferred to HIS. This task requires you to validate that the all applicable programs transferred. If a program did not transfer or a program needs to be added, you can follow the steps below to add additional programs. All service codes must be associated with a Service Program. .

District Setup Note: This task should be handled at the District RSC level (i.e., 200 level RSC). You must repeat the steps within this section for each Sub-RSC within your District.

Avatar Path:

Avatar PH >> System Maintenance >> System Definition >> Program Maintenance

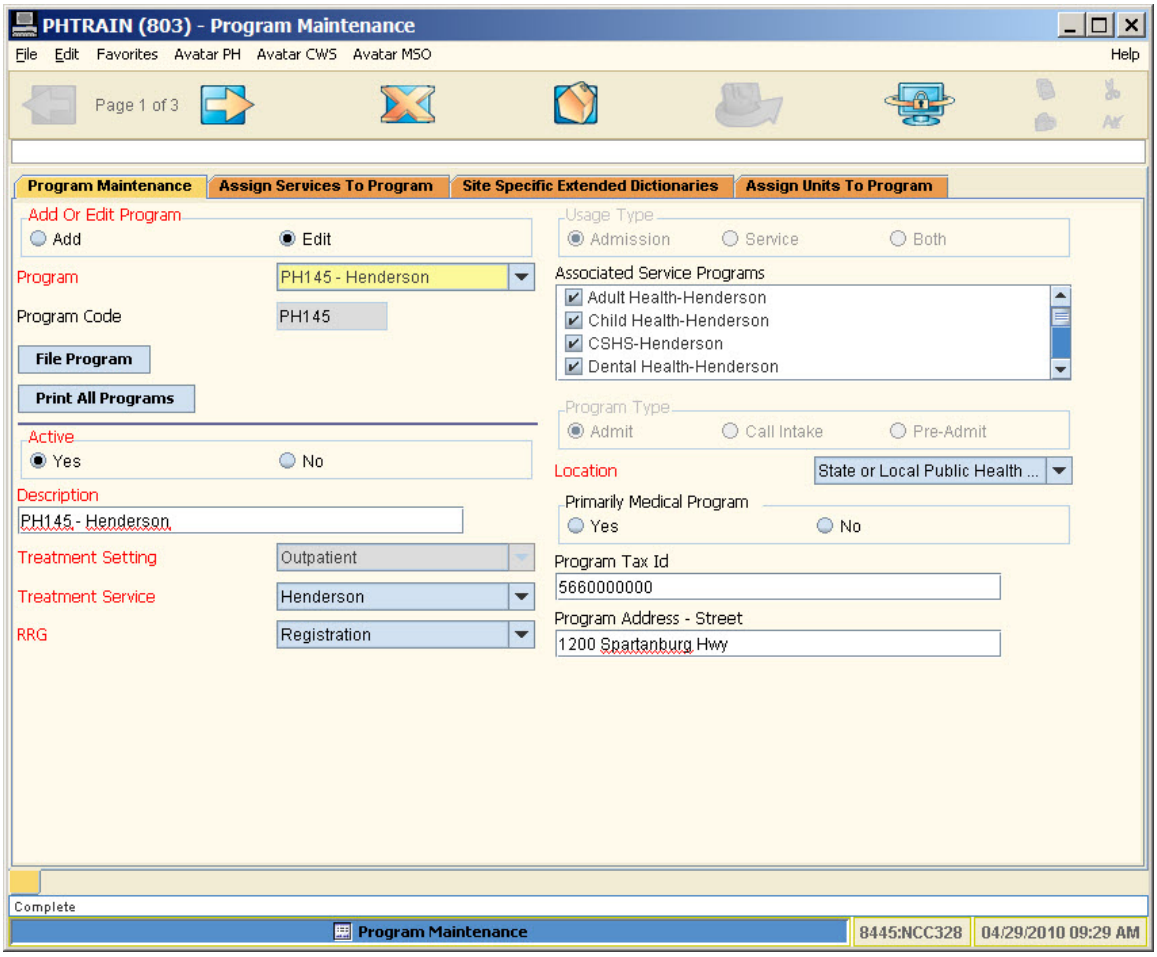

Figure 18: Program Maintenance Tab.

1. Select *Edit* in the **Add Or Edit Program** field.

2. Select the *PHRSC* – local agency program in the **Program** drop-down field.

   NOTE: Look for the program that reads "PH + Root System Code – Agency" from the **Program** drop-down field. For Districts, you will have more than one PH+RSC available.

3. In the **Associated Service Program** field, verify that all applicable programs are selected.

   NOTE: Programs will be carried over from HSIS to HIS regardless if the programs are active or not active. If a program is active and not selected in the **Associated Service Program** field, you may select the checkbox next to the program name before submitting changes.

   NOTE: If no programs are selected, check all programs that are applicable for the Sub-RSC. Note that Health Check is a program. If your agency provides Health Check services, you will need to select the program, too. This is tied to the billing functionality within HIS.

4. Enter your agency's *Federal Tax ID* in the **Program Tax ID** field.
5. Enter the street address in the **Program Address – Street** field.
6. Click the **Forward** button to Page 2.

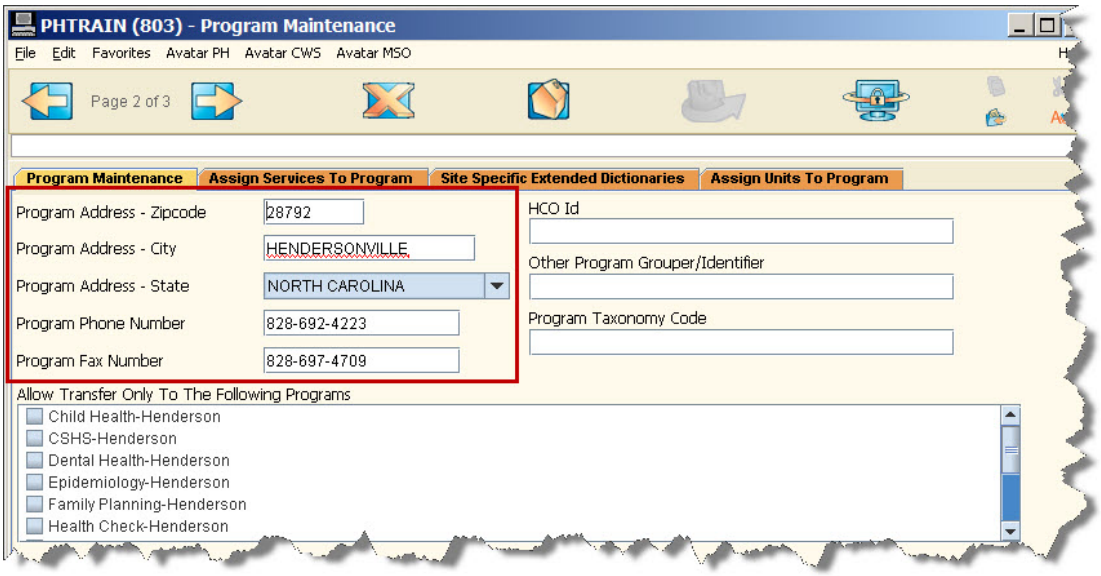

Figure 19: Program Maintenance – Page 2

7. Enter the sub-RSC's zipcode in the Program Address – Zipcode field.

   NOTE: Tab out of this field to automatically populate the city and state fields.

8. Enter the sub-RSC's telephone number in the **Program Phone Number** field.
9. Enter the sub-RSC's fax number in the **Program Fax Number** field.

10. Click the **Forward** button to Page 3 and verify that *Yes* is selected in the **Allow Charge Entry** field.

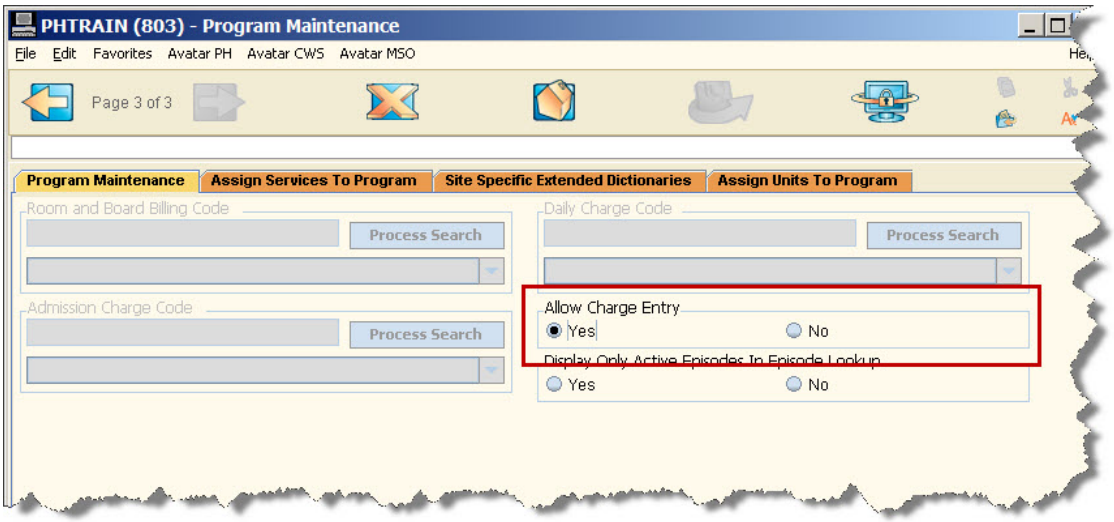

Figure 20: Allow Charge Entry field

11. Select the **Assign Services To Program** tab (see Figure 21).
12. Verify that the *(00000) All Service Codes* checkbox (i.e., first checkbox) in the **Services** field is selected.

NOTE: If this checkbox is not selected, you may select the checkbox. This action allows all services codes to be associated to the selected Root System Code.

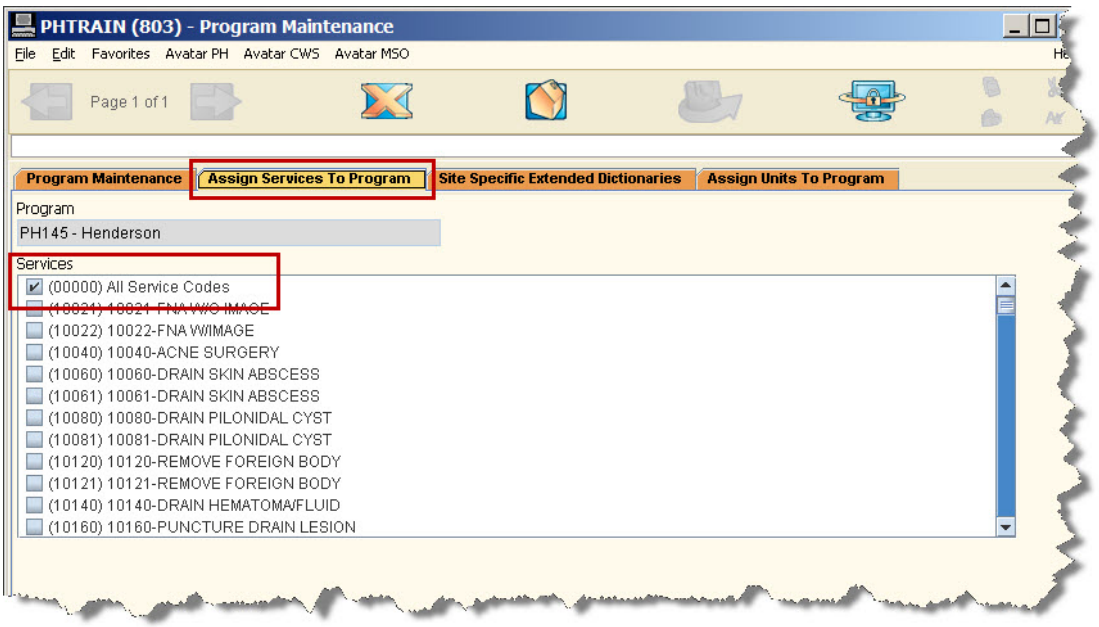

Figure 21: Allow Charge Entry field

13. Select the **Program Maintenance** tab and click the **Back** button to return to Page 1.
14. Click the **File Program** button.

DISTRICT NOTE: Repeat this process for all sub-RSCs within your District.

3.3.1 Deactivate Programs

If a program converted from HSIS to HIS is selected as an active program, you can deactivate the program at this point. Please note that you can only deactivate one program at a time. If you are a District, this process will need to be repeated for all sub-RSCs within your District. For Districts, you will need to log-in to your Sub-RSC to delete the program from the sub-RSC.

1. Select *Edit* in the **Add Or Edit Program** field.
2. Select the appropriate program from the **Program** drop-down field.

   NOTE: *Adult Health* is selected as an example only. Select the program that requires inactivation from the **Program** drop-down field.

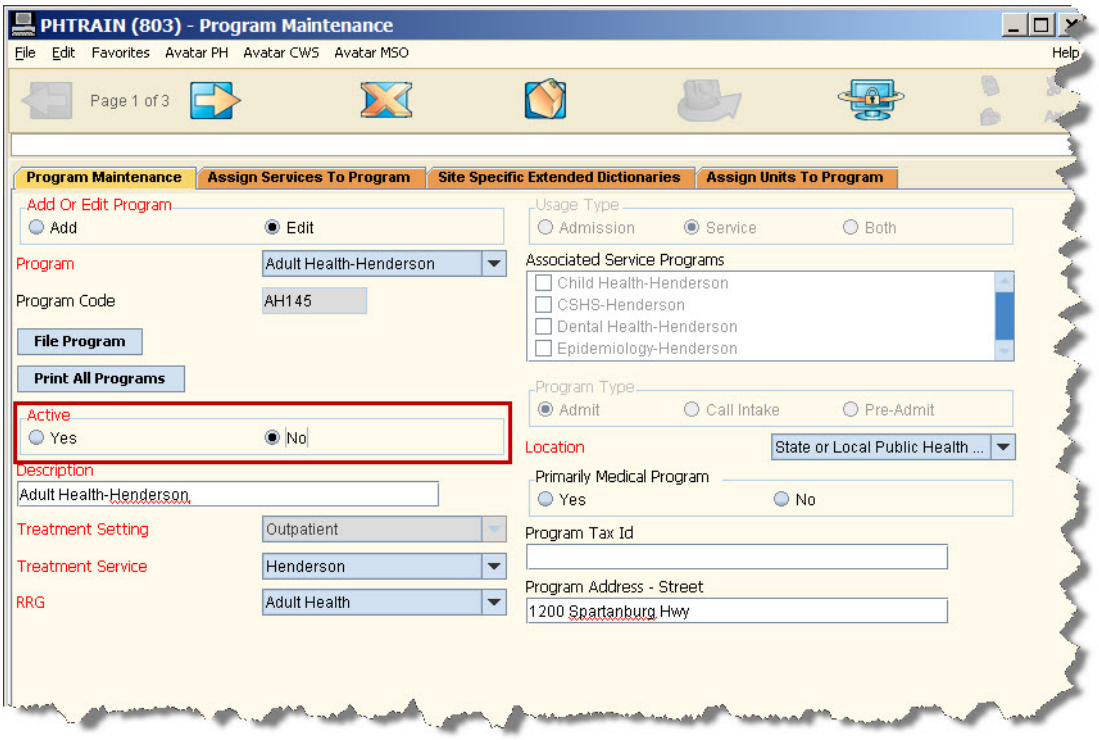

Figure 22: Deactivate a program

3. Select *No* in the **Active** field.
4. Click the **File Program** button.

3.4 Assign Service Codes to Each Program

District Setup Note: This task should be handled at the District RSC level (i.e., 200 level RSC) to ensure that the appropriate service codes are associated with the programs provided within your District. However, ***you will need to login to each Sub-RSC*** to perform the steps listed in this section. The steps in this section must be completed for each Sub-RSC.

All facility programs must have Service Codes assigned to their Service Program individually. If a Service Program has no assigned Service Codes, then no services are available for selection in the **Services** field on the **Assign Services To Program** tab. This task must occur after Data Conversion 1.

NOTE: If a needed Service Code is not listed in the Services field, complete the HIS Request Form. This form is located on the HIS Website (Training & System Manuals > Forms > HIS Request Form). Complete the necessary information and submit the form to the HIS Project Team.

Avatar Path to Program Maintenance:

Avatar PH >> System Maintenance >> System Definition >> Program Maintenance

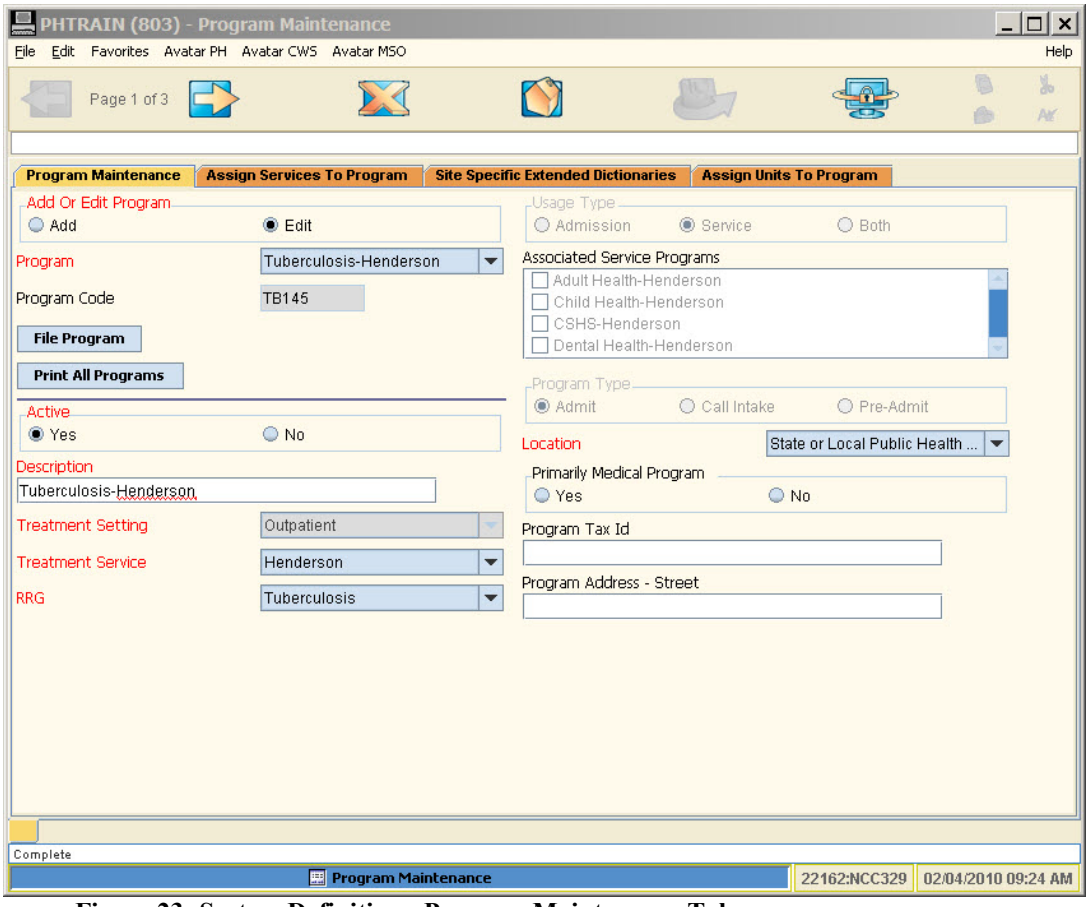

Figure 23: System Definition - Program Maintenance Tab.

1. Select the **Edit** radio button while in **Program Maintenance** tab.
2. Select a service program from the **Program** drop-down field.

   NOTE: In Figure 23, *Tuberculosis* is selected as an example. This process will need to be replicated for all service programs.
3. Select *Yes* in the **Active** field.
4. Click the **Forward** button to Page 3.

   NOTE: No information is required on Page 2 of the **Program Maintenance** tab.
5. On Page 3, Verify that *Yes* is selected in the **Allow Charge Entry** field.

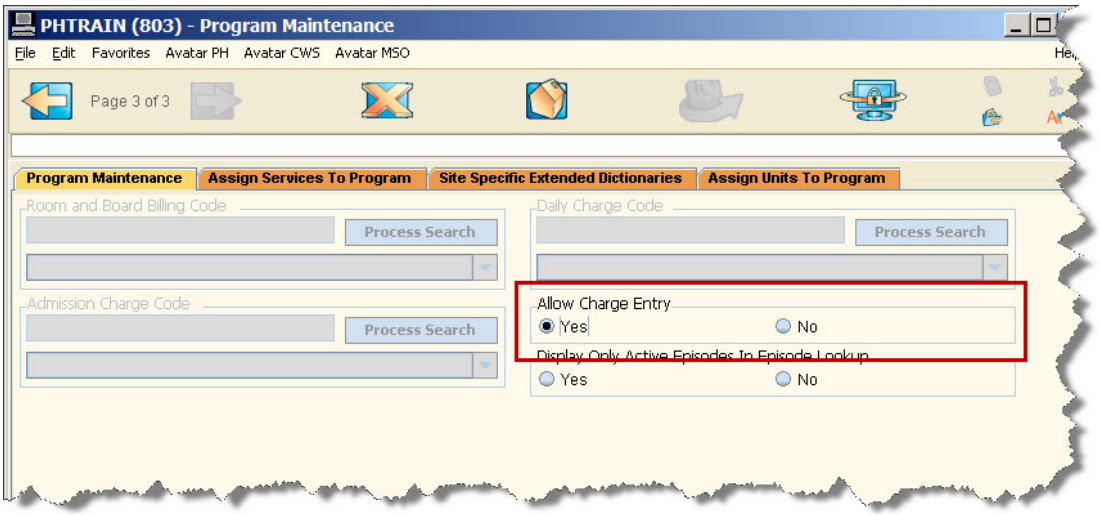

Figure 24: Allow Charge Entry

6. Select the **Assign Services To Program** tab.

NOTE: Within this tab, a list of possible services for the selected program will be available.

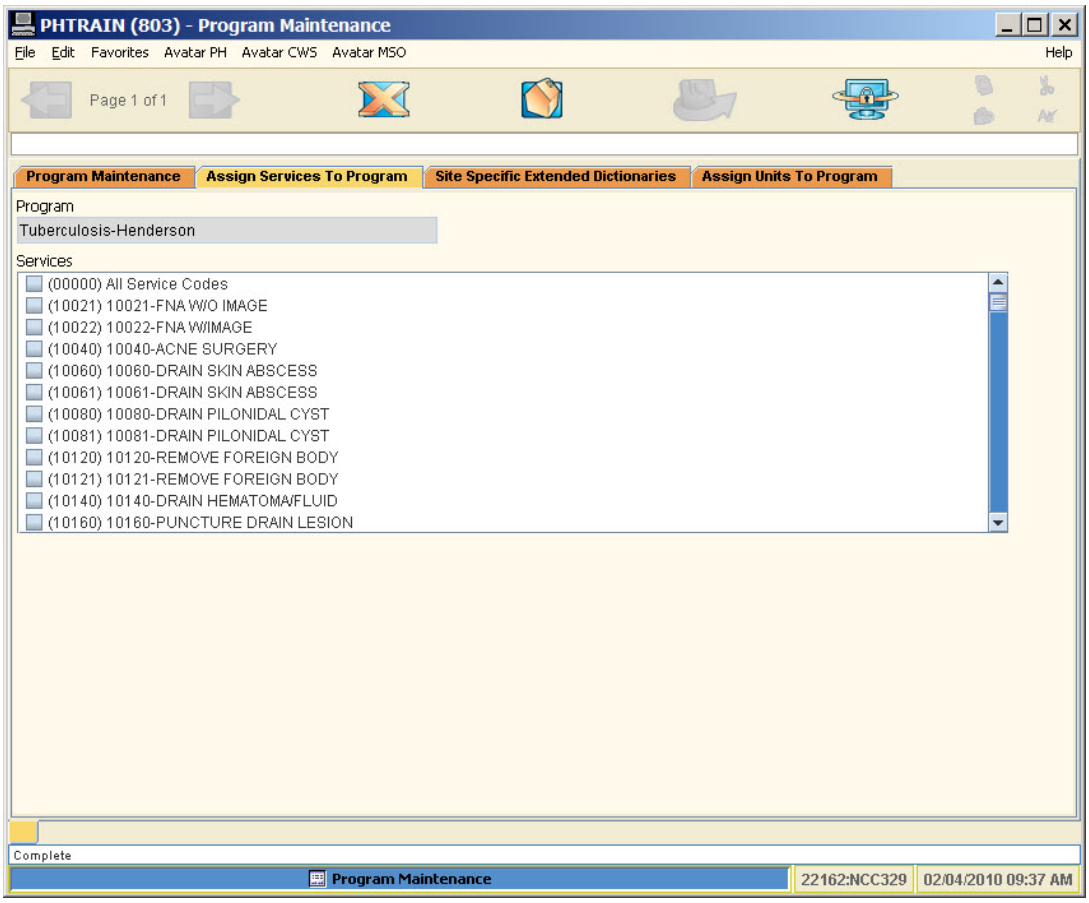

Figure 25: System Definition - Program Maintenance Tab.

7. In the **Services** field, select the services that are associated with the selected program.

   NOTE: Refer to your HSIS Service Codes by Program report, SERVICE CODES – CNTY### or SERVICE CODES – DIST##.

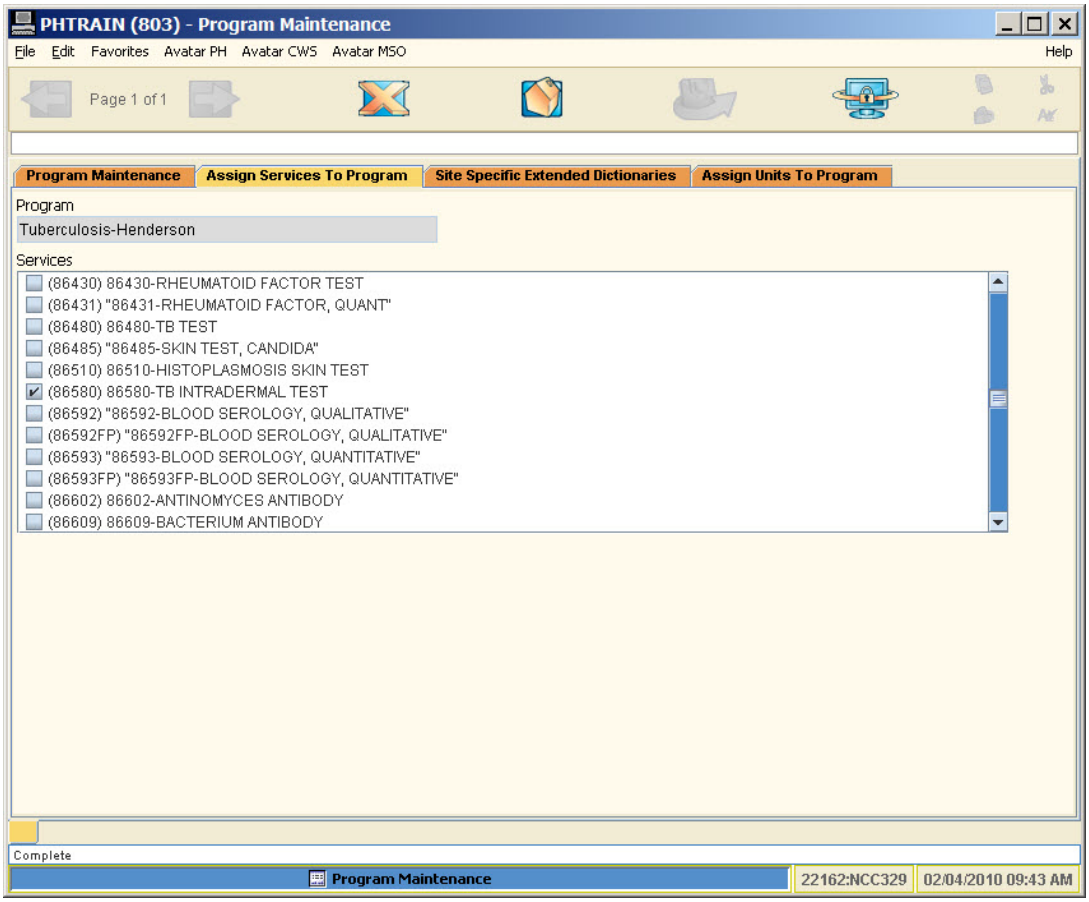

Figure 26: Example of All Programs Report.

8. Select the **Program Maintenance** tab.
9. Click the **Back** button and return to Page 1 of the **Program Maintenance** tab.
10. Click the **File Program** button.

    NOTE: The Service Code is now assigned to the Service Program.
11. Repeat the steps in this section to assign the applicable service codes to each program.

For Districts: Log out of the Sub-RSC and log back in to the next Sub-RSC and repeat this task for that Sub-RSC.

3.5 Setup site specific extended chart

District Setup Note: This task should be handled at the local level (i.e., 100 level RSCs). You must repeat the steps within this section for each Sub-RSC within your District.

The system can be setup to automatically generate chart numbers for your local agency. The system provides a few options related to generating chart numbers. The setup steps will depend upon the chart numbering format determined by your local agency. This task must occur after Data Conversion 1.

NOTE: If you do not want the system to automatically number your charts; however, you want to manually enter the chart number for your clients, refer to the manual chart number setup section.

NOTE

For clients that have a chart number assigned to them in HSIS, when you use the **Generate Chart Number** option in HIS, the converted chart number should display. It is up to the local agency to determine how they will manage chart numbers in HIS using the parameters available within the system.

Avatar Path:
Avatar PH > System Maintenance > System Definition > Program Maintenance

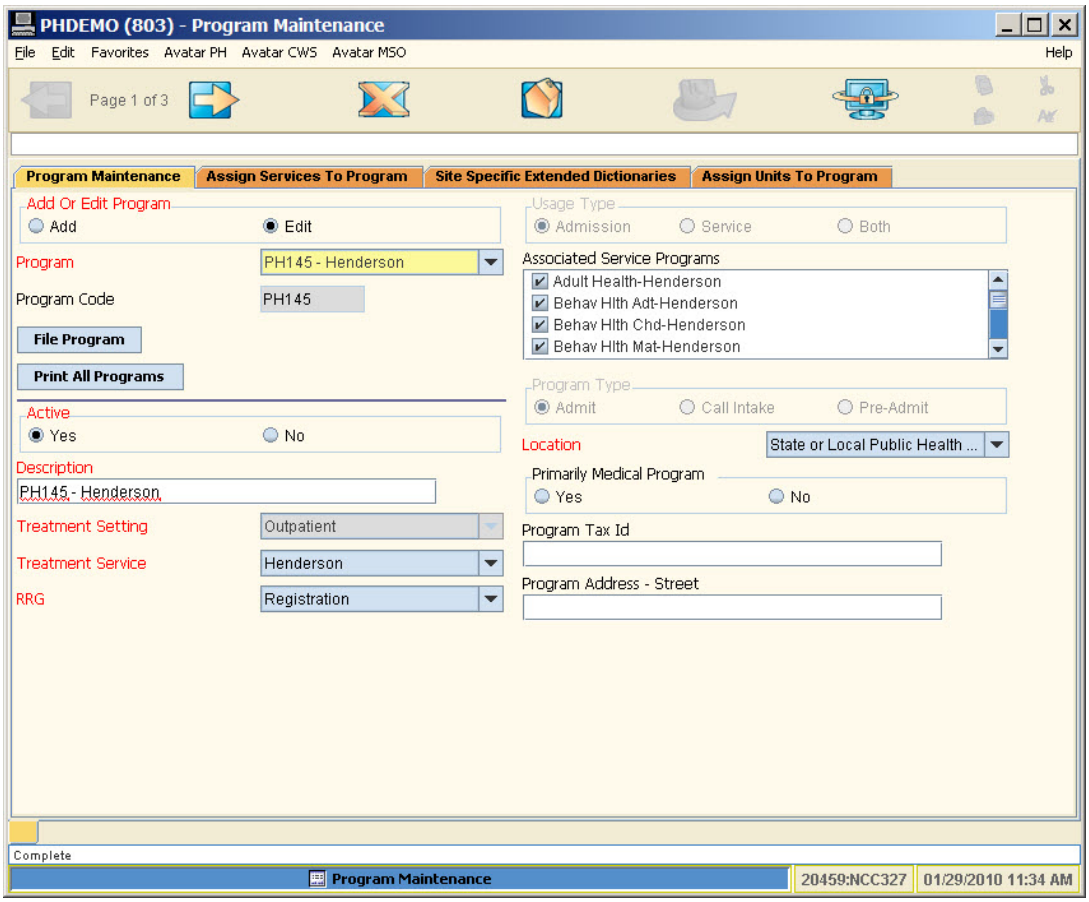

Figure 27: Program Maintenance

1. Select *Edit* in the **Add Or Edit Program** field.
2. Select your *PHRSC (PH+Root System Code)* from the **Program** drop-down field.

   NOTE: Districts will have multiple *PHRSC*; therefore, Districts will need to repeat this process for each county that would like HIS to generate chart numbers.
3. Select the **Site Specific Extended Dictionaries** tab.

   NOTE: As you set up each variable, the **Defined Extended Dictionary Values** field (located on the **Site Specific Extended Dictionaries** tab) will reflect the generated chart number parameters established as you complete the steps below.

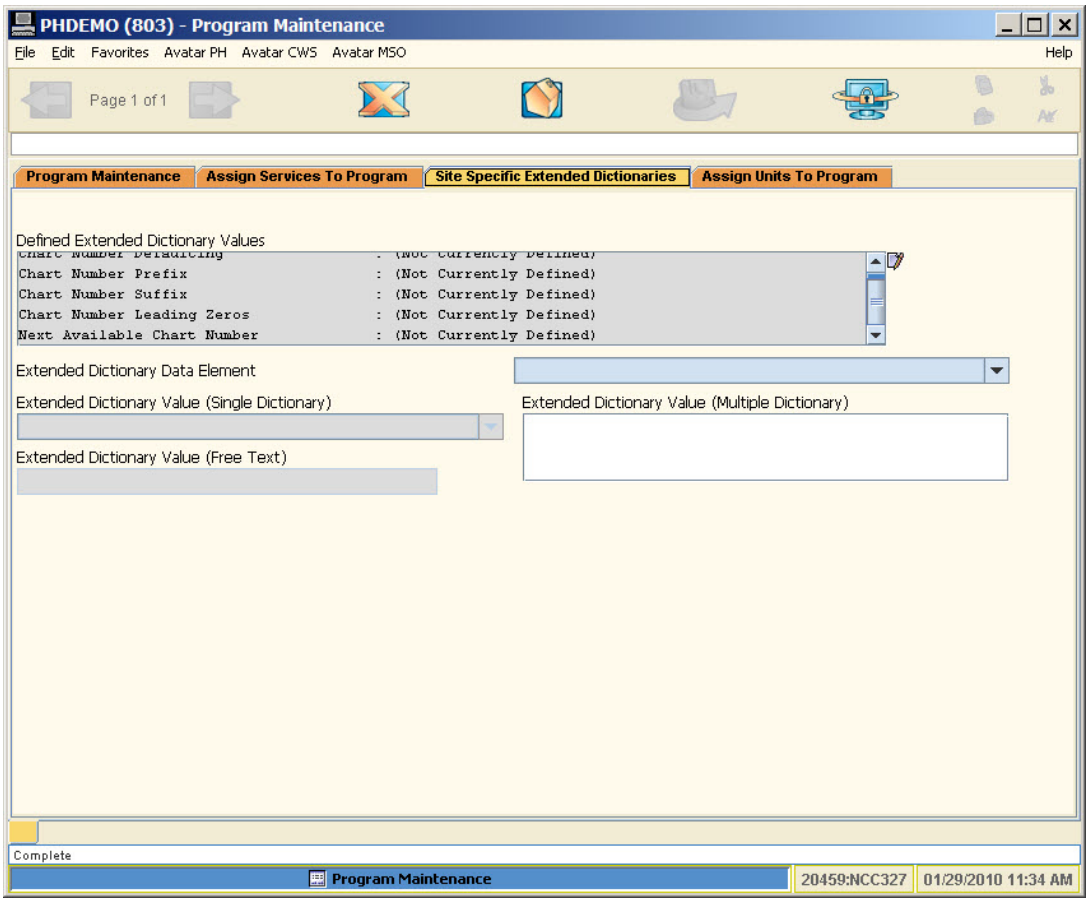
PHDEMO (803) - Program Maintenance
File Edit Favorites Avatar PH Avatar CWS Avatar MSO Help
Page 1 of 1
Program Maintenance
Assign Services To Program
Site Specific Extended Dictionaries
Assign Units To Program
Defined Extended Dictionary Values
Chart Number Prefix : (Not Currently Defined)
Chart Number Suffix : (Not Currently Defined)
Chart Number Leading Zeros : (Not Currently Defined)
Next Available Chart Number : (Not Currently Defined)
Extended Dictionary Data Element
Extended Dictionary Value (Single Dictionary)
Extended Dictionary Value (Multiple Dictionary)
Extended Dictionary Value (Free Text)
Complete
Program Maintenance
20459:NCC327
01/29/2010 11:34 AM

Figure 28: Site Specific Extended Dictionaries tab

4. If applicable, select *(60100) Chart Numbering Defaulting* from the **Extended Dictionary Data Element** drop-down field.

   NOTE: Selecting this value will determine what values populate in the **Extended Dictionary Value (Single Dictionary)** drop-down field, which determines whether a sequential chart number is automatically generated or manually entered and, if auto-generated, whether it is editable.

5. If you do perform step 4, select the appropriate option from the **Extended Dictionary Value (Single Dictionary)** drop-down field.

Option	Action
None	System will not provide chart number automatically.
Sequential (Locked)	System generates your local agency's chart numbers; the chart numbers are not editable.
Sequential	System generates your local agency's chart numbers; the chart numbers are editable.

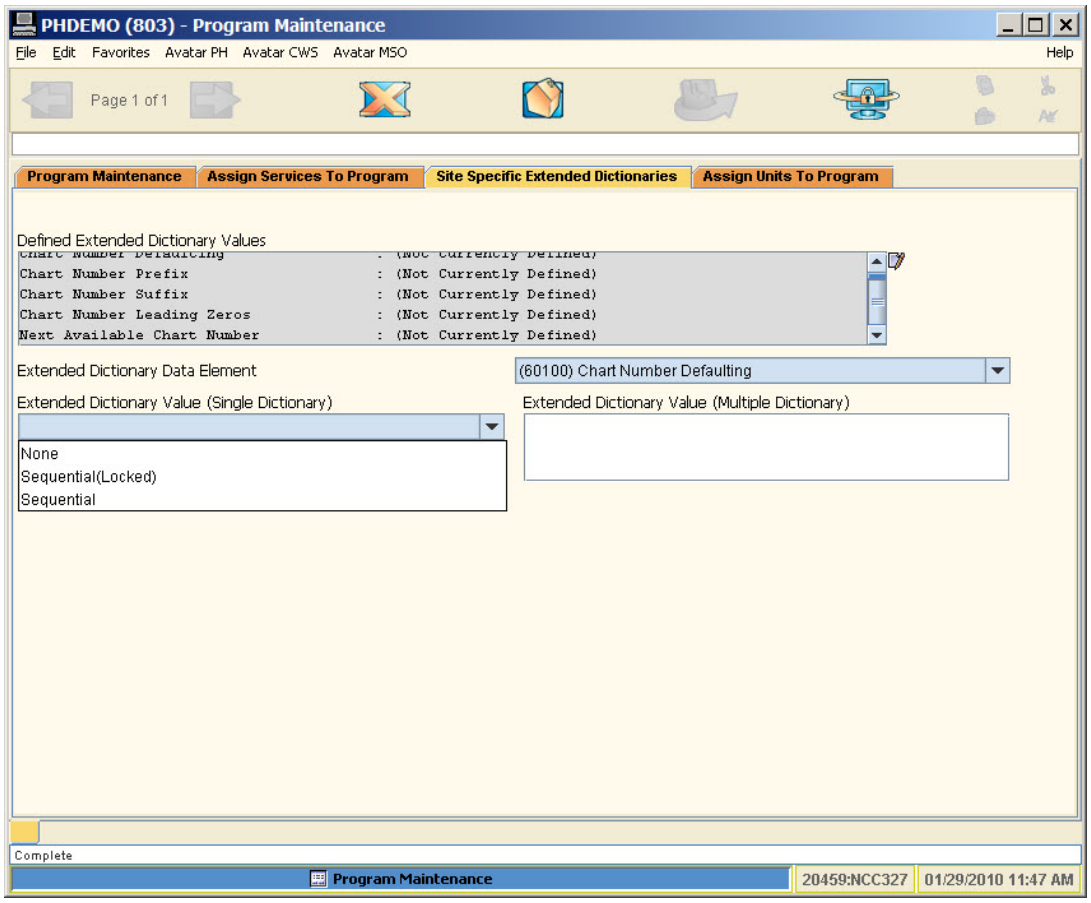
PHDEMO (803) - Program Maintenance
File Edit Favorites Avatar PH Avatar CWS Avatar MSO Help
Page 1 of 1
Program Maintenance
Assign Services To Program
Site Specific Extended Dictionaries
Assign Units To Program
Defined Extended Dictionary Values
Chart Number Prefix : (Not Currently Defined)
Chart Number Suffix : (Not Currently Defined)
Chart Number Leading Zeros : (Not Currently Defined)
Next Available Chart Number : (Not Currently Defined)
Extended Dictionary Data Element
(60100) Chart Number Defaulting
Extended Dictionary Value (Single Dictionary)
Extended Dictionary Value (Multiple Dictionary)
None
Sequential(Locked)
Sequential
Complete
Program Maintenance
20459:NCC327
01/29/2010 11:47 AM

Figure 29: Site Specific Extended Dictionaries tab

6. If applicable, select *(60101) Chart Number Prefix* from the **Extended Dictionary Data Element** drop-down field.

7. If you perform step 6, enter your chart number prefix in the **Extended Dictionary Value (Free Text)** field.

   NOTE: This is a 10 character alphanumeric value that will succeed the numeric portion of the chart number. Using this option is determined and defined by the local agency. For example, if you entered *2010* in the **Extended Dictionary Value (Free Text)** field, your chart numbers would start with 2010.

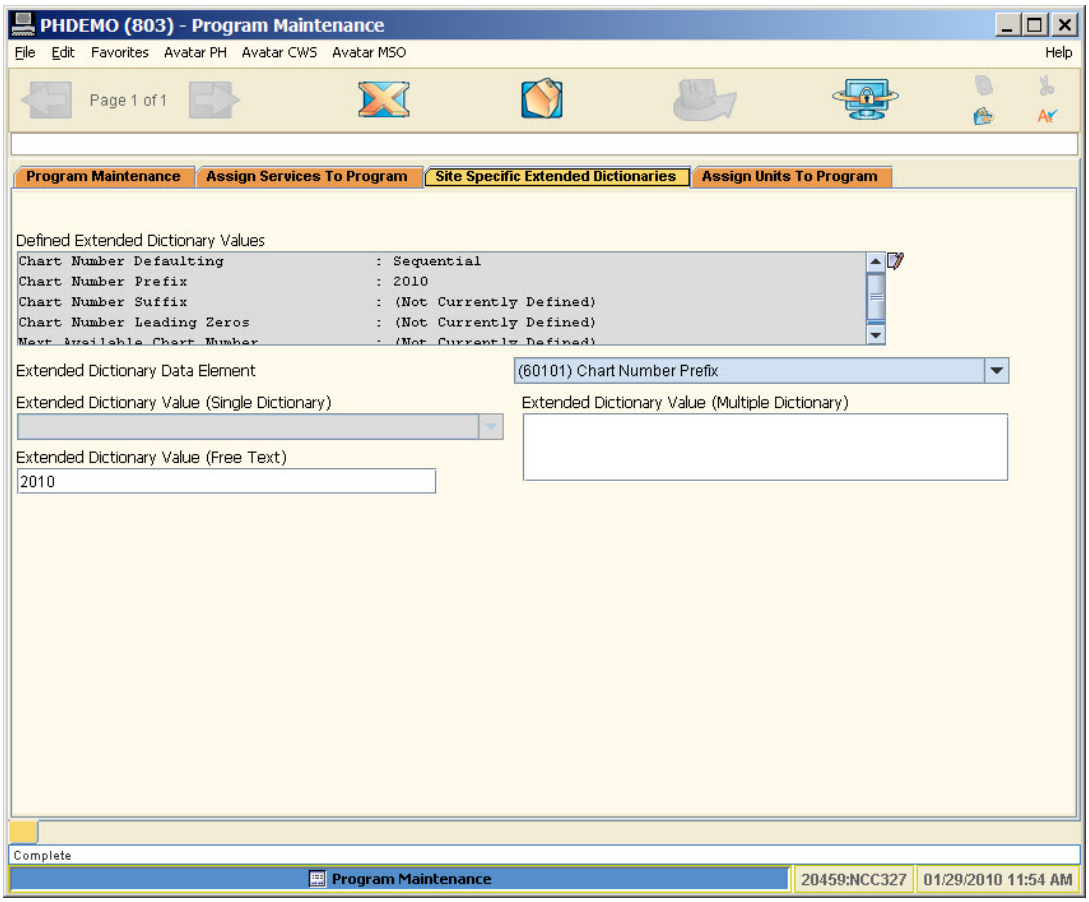
PHDEMO (803) - Program Maintenance
File Edit Favorites Avatar PH Avatar CWS Avatar MSO Help
Page 1 of 1
Program Maintenance
Assign Services To Program
Site Specific Extended Dictionaries
Assign Units To Program
Defined Extended Dictionary Values
Chart Number Defaulting : Sequential
Chart Number Prefix : 2010
Chart Number Suffix : (Not Currently Defined)
Chart Number Leading Zeros : (Not Currently Defined)
Extended Dictionary Data Element
(60101) Chart Number Prefix
Extended Dictionary Value (Single Dictionary)
Extended Dictionary Value (Multiple Dictionary)
Extended Dictionary Value (Free Text)
2010
Complete
Program Maintenance
20459:NCC327
01/29/2010 11:54 AM

Figure 30: Site Specific Extended Dictionaries tab

8. If applicable, select *(60102) Chart Number Suffix* from the **Extended Dictionary Data Element** drop-down field.

   NOTE: This is a 10 character alphanumeric value that will succeed the numeric number. Using this option is determined and defined by the local agency.

9. If you perform step 8, enter your chart number suffix in the **Extended Dictionary Value (Free Text)** field.

   Example: If you enter *2010* in the **Extended Dictionary Value (Free Text)** field, all chart number would end with 2010.

10. If applicable, select *(60103) Chart Number Leading Zeros* from the **Extended Dictionary Data Element** drop-down field.

    NOTE: This option will display the number of leading zeroes that will be appended when the user generates or enters a chart number using the **Generate Chart Number** option.
11. If you perform step 10, enter the number of leading zeroes in the **Extended Dictionary Value (Free Text)** field.

    NOTE: This will be a number such as "5." If you entered a 5, your chart numbers will add a specific number of zeros to your chart number until there are five total characters for the chart number (e.g., 00001 or 09000). Leave this field blank if you do not want the system to include leading zeroes.

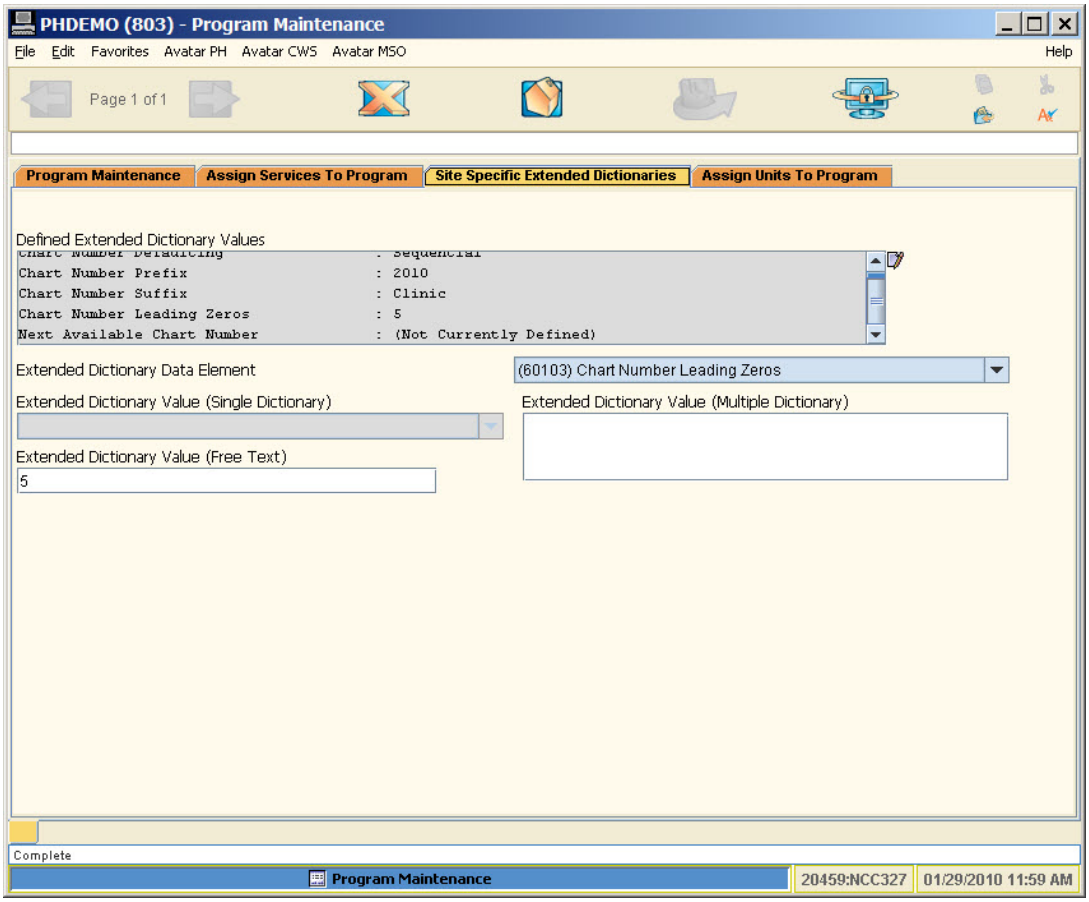
PHDEMO (803) - Program Maintenance
File Edit Favorites Avatar PH Avatar CWS Avatar MSO Help
Page 1 of 1
Program Maintenance
Assign Services To Program
Site Specific Extended Dictionaries
Assign Units To Program
Defined Extended Dictionary Values
Chart Number Prefix : 2010
Chart Number Suffix : Clinic
Chart Number Leading Zeros : 5
Next Available Chart Number : (Not Currently Defined)
Extended Dictionary Data Element
(60103) Chart Number Leading Zeros
Extended Dictionary Value (Single Dictionary)
Extended Dictionary Value (Multiple Dictionary)
Extended Dictionary Value (Free Text)
5
Complete
Program Maintenance
20459:NCC327
01/29/2010 11:59 AM

Figure 31: Site Specific Extended Dictionaries tab

12. If applicable, select *(60104) Next Available Chart Number* from the **Extended Dictionary Data Element** drop-down field.

    NOTE: This option will allow the next number to be provided to the chart. If you use another number system, this will allow the system to continue the number sequentially from where you left off. Leave this field blank if you want the system to start at 1.

13. If you perform step 12, enter the appropriate next number in the **Extended Dictionary Value (Free Text)** field.

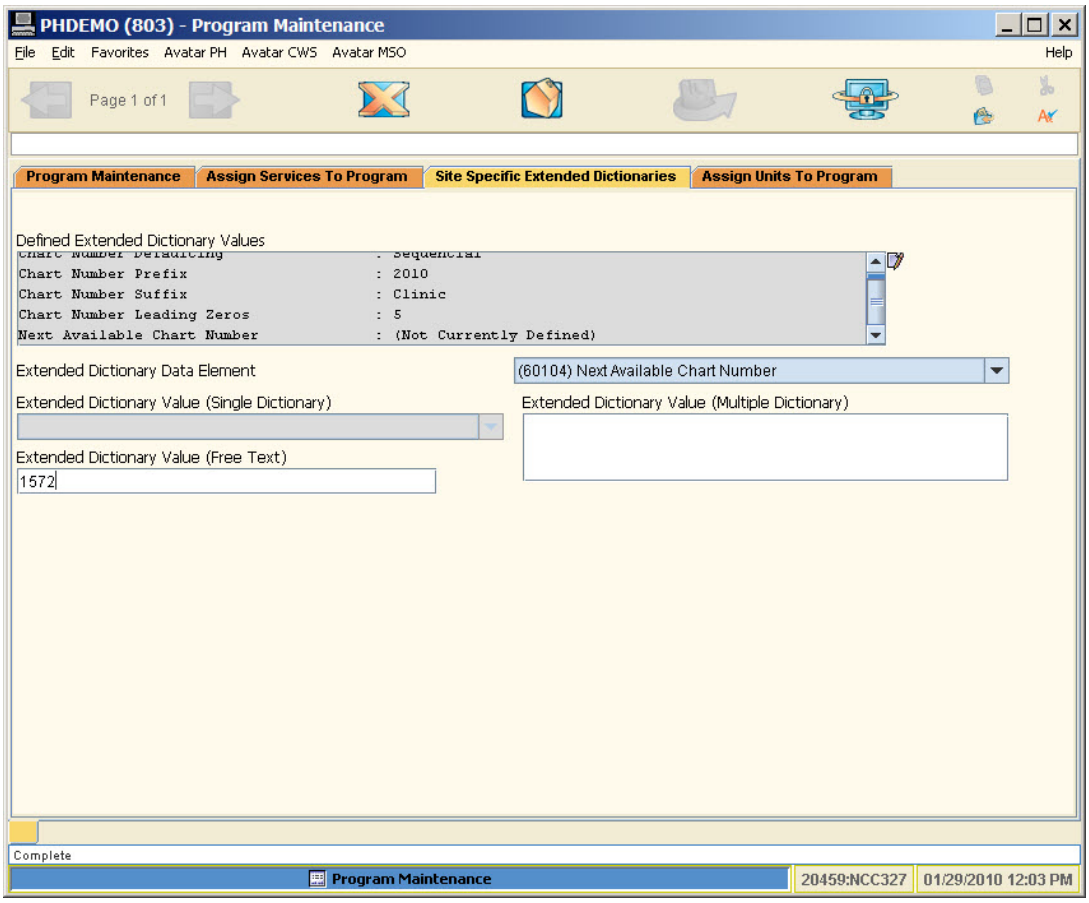
PHDEMO (803) - Program Maintenance
File Edit Favorites Avatar PH Avatar CWS Avatar MSO Help
Page 1 of 1
Program Maintenance
Assign Services To Program
Site Specific Extended Dictionaries
Assign Units To Program
Defined Extended Dictionary Values
Chart Number Prefix : 2010
Chart Number Suffix : Clinic
Chart Number Leading Zeros : 5
Next Available Chart Number : (Not Currently Defined)
Extended Dictionary Data Element
(60104) Next Available Chart Number
Extended Dictionary Value (Single Dictionary)
Extended Dictionary Value (Multiple Dictionary)
Extended Dictionary Value (Free Text)
1572
Complete
Program Maintenance
20459:NCC327
01/29/2010 12:03 PM

Figure 32: Site Specific Extended Dictionaries tab

14. Select the **Program Maintenance** tab.
15. Click the **Back** button and return to Page 1.

16. Click the **File Program** button to save the chart numbering settings.

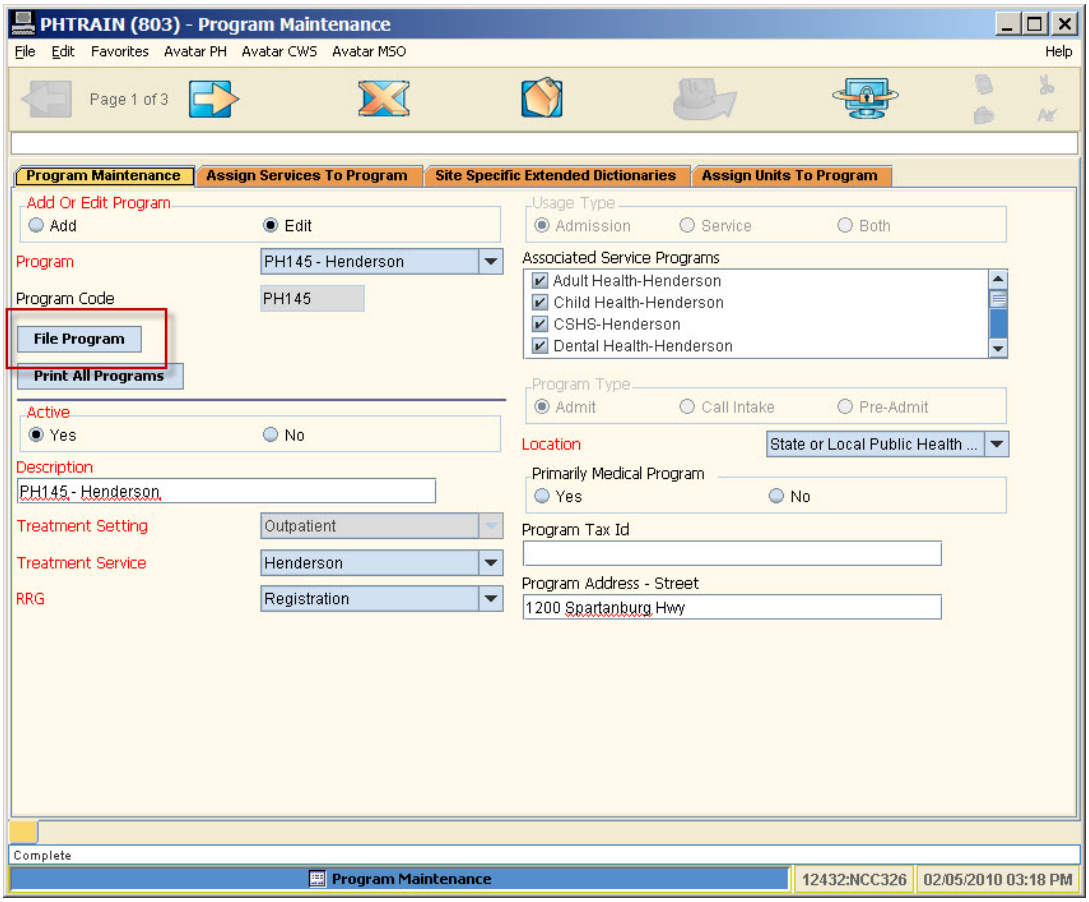

Figure 33: Site Specific Extended Dictionaries tab

3.5.1 Manual Chart Number Setup

If you completed the steps above for setting up Site Specific Extended Chart, continue to the next task. If your agency would like to manually generate chart numbers for the client instead of having HIS automatically establish the chart numbers, complete these setup steps.

1. Select *Edit* in the **Add Or Edit Program** field.
2. Select your *PHRSC (PH+Root System Code)* from the **Program** drop-down field.

   NOTE: Districts will have multiple *PHRSC*; therefore, Districts will need to repeat this process for each county that would like HIS to generate chart numbers.

3. Select the **Site Specific Extended Dictionaries** tab.

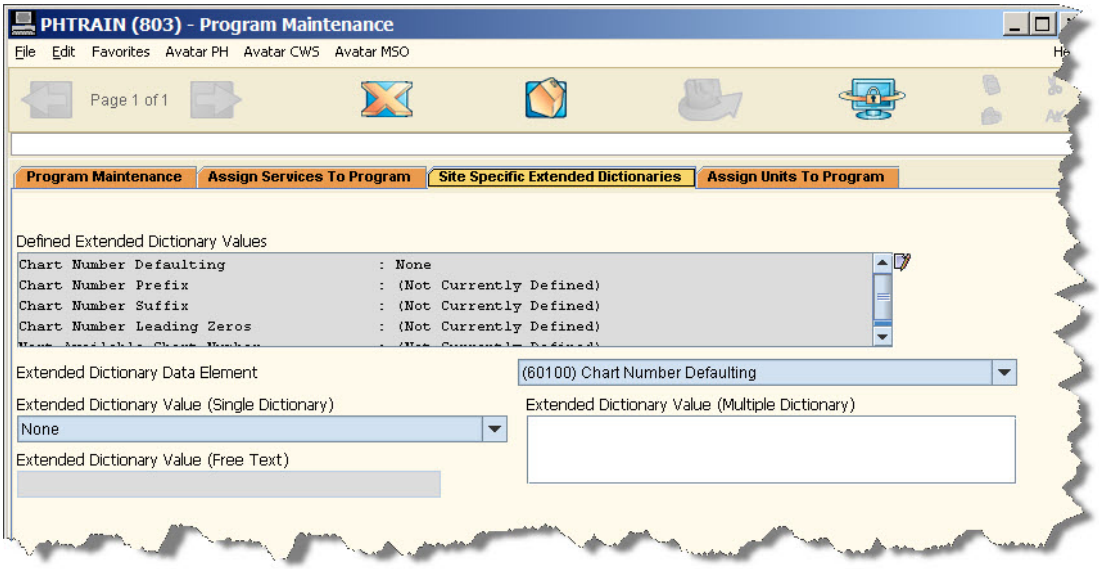
PHTRAIN (803) - Program Maintenance
File Edit Favorites Avatar PH Avatar CWS Avatar MSO
Page 1 of 1
Program Maintenance
Assign Services To Program
Site Specific Extended Dictionaries
Assign Units To Program
Defined Extended Dictionary Values
Chart Number Defaulting : None
Chart Number Prefix : (Not Currently Defined)
Chart Number Suffix : (Not Currently Defined)
Chart Number Leading Zeros : (Not Currently Defined)
Extended Dictionary Data Element
(60100) Chart Number Defaulting
Extended Dictionary Value (Single Dictionary)
None
Extended Dictionary Value (Multiple Dictionary)
Extended Dictionary Value (Free Text)

Figure 34: Site Specific Extended Dictionaries tab

4. Select *(60100) Chart Number Defaulting* from the **Extended Dictionary Data Element** drop-down list.

   NOTE: This activates the **Extended Dictionary Value (Single Dictionary)** drop-down list.

5. Select *None* from the **Extended Dictionary Value (Single Dictionary)** drop-down list.
6. Select the **Program Maintenance** tab.
7. Click the **Back** button and return to Page 1.
8. Click the **File Program** button to save the chart numbering settings.

3.6 Verify Converted Practitioners

District Setup Note: Since practitioners may provide services within each sub-RSC, this task should be handled at the District level (i.e., 200 level RSC).

This task allows you to verify practitioners converted from HSIS to HIS. If you are required to add a new practitioner, you may do so at this time. You are also able to edit existing practitioner information. However, do not terminate a practitioner using the **Practitioner Termination** option until after Data Conversion 2 (i.e., the day you go live in HIS).

Avatar Path:

Avatar PH>Practitioner>Practitioner Information>Practitioner Inquiry

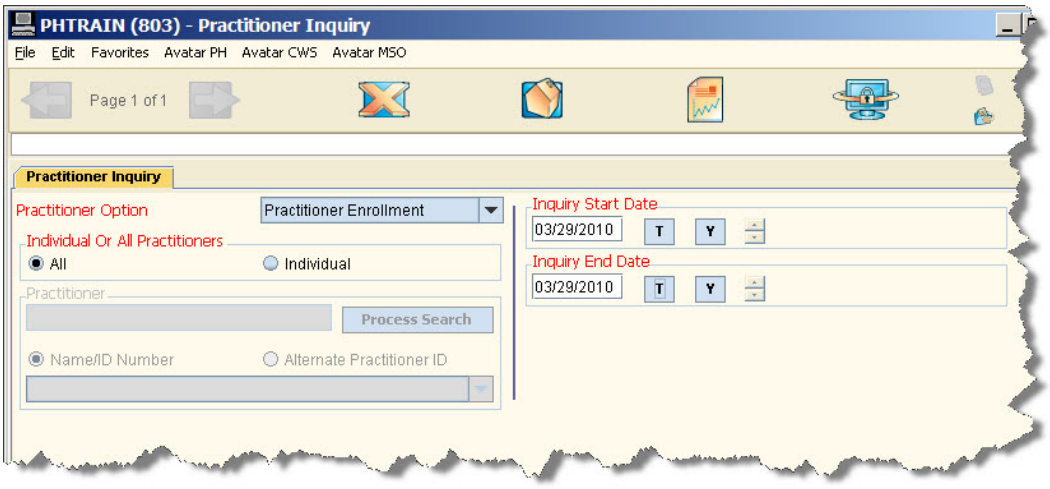

Figure 35: Practitioner Information – Practitioner Inquiry

1. Select *Practitioner Enrollment* from the **Practitioner Option** drop-down field.
2. Select *All* in the **Individual or All Practitioner** field.
3. Enter today's date in the **Inquiry State Date** field.
4. Enter today's date in the **Inquiry End Date** field.

5. Click on the **Process** button.

   NOTE: This will generate a report of all the practitioners. Figure 36 is an example of the Practitioner Report that displays all enrolled practitioners. It is not necessary to print this report.

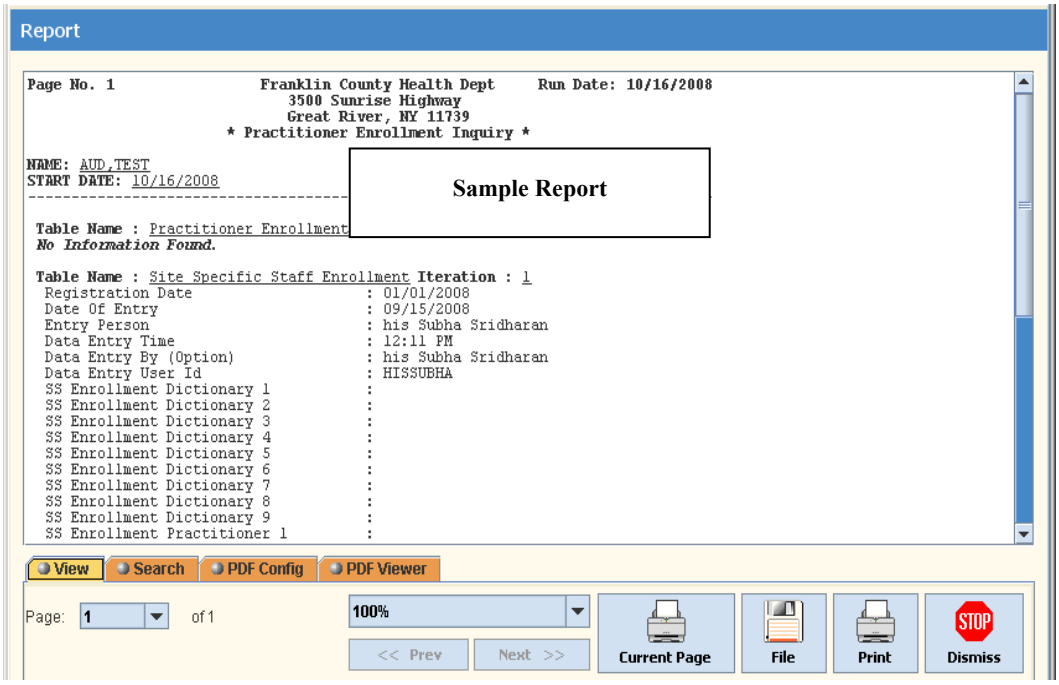

Figure 36: Sample Practitioner Report

6. Page through the report using the **Next >>** button.

   NOTE: Using the **Search** tab, you may also use the search feature to lookup a specific practitioner.

7. After reviewing the report, click on the **View** tab and then the **Dismiss** button to return to the **Practitioner Inquiry** option.

   NOTE: If there are data conversion issues identified, such as missing practitioners, please contact your State HIS Administrative Consultant or the HIS Project Team 919-855-3200 option 5 or 919-218-3867.

3.7 Verify Service Fees

District Setup Note: This task should be handled at the District level (i.e., 200 level RSC) as only one fee for a service should exist.

Verify that your agency's Service Fees have been converted correctly from HSIS to HIS. The HIS Project Team recommends that you contact the Help Desk should you require any modifications to your service fees to ensure that management of your service fees occurs properly in HIS.

Avatar Path:

Avatar PH > System Maintenance > System Definition > Service Code Maintenance > Service Fee Maintenance

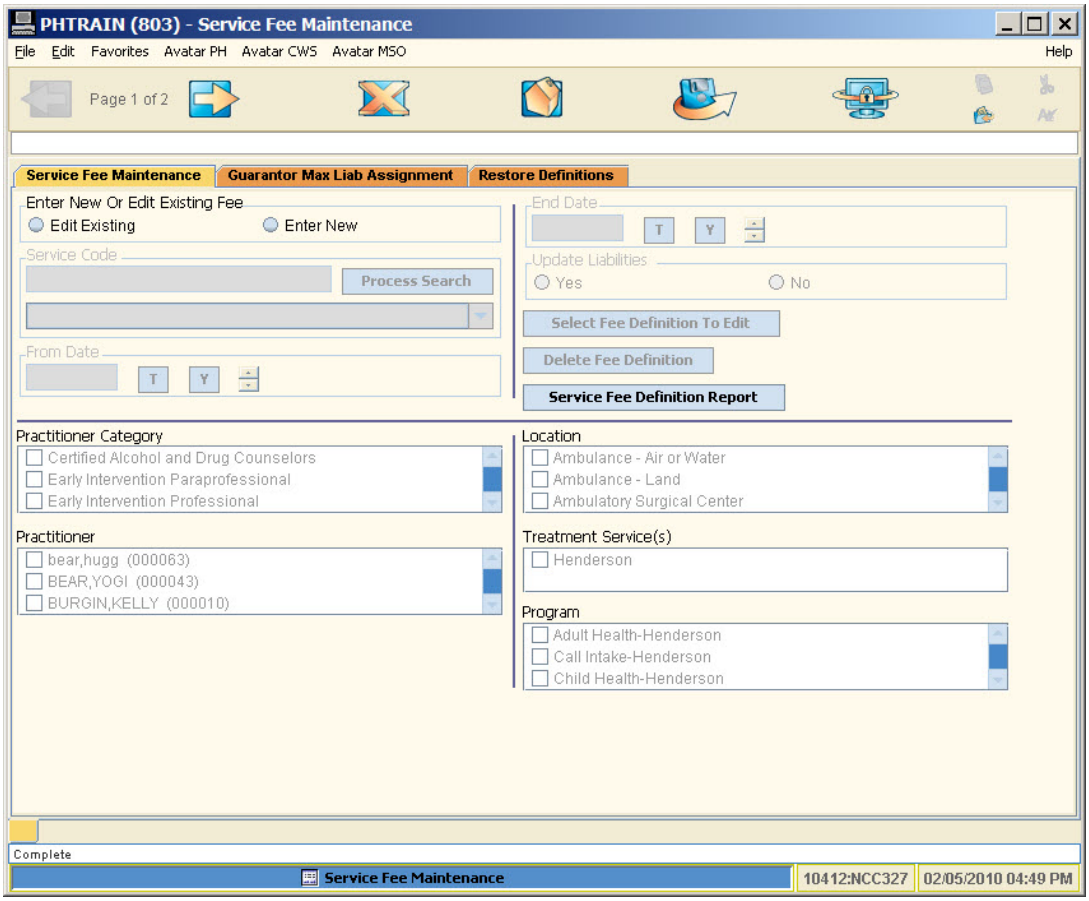

Figure 37: Service Code Maintenance – Service Fee Maintenance Tab

1. Click on the **Service Fee Definition Report** button.

   NOTE: A **Service Fee Definition Report** will display.

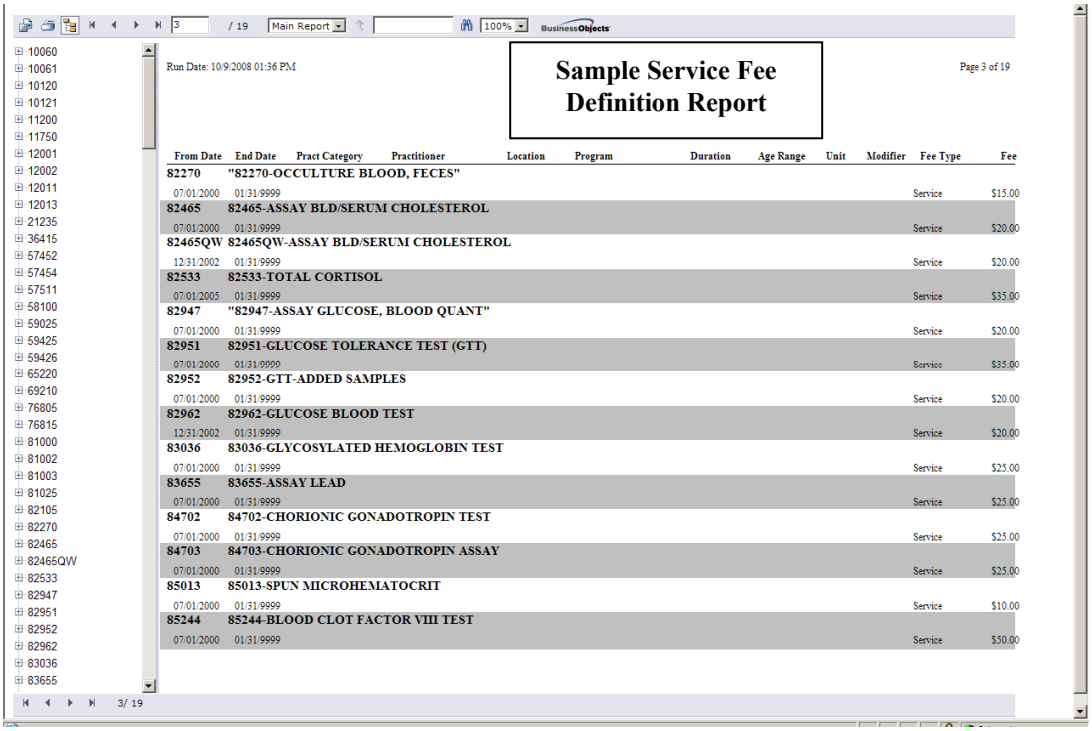
Sample Service Fee Definition Report
Run Date: 10/9/2008 01:36 PM
Page 3 of 19
From Date End Date Pract Category Practitioner Location Program Duration Age Range Unit Modifier Fee Type Fee
82270 "82270-OCCULTURE BLOOD, FECES"
07/01/2000 01/31/9999 Service $15.00
82465 82465-ASSAY BLD/SERUM CHOLESTEROL
07/01/2000 01/31/9999 Service $20.00
82465QW 82465QW-ASSAY BLD/SERUM CHOLESTEROL
12/31/2002 01/31/9999 Service $20.00
82533 82533-TOTAL CORTISOL
07/01/2005 01/31/9999 Service $35.00
82947 "82947-ASSAY GLUCOSE, BLOOD QUANT"
07/01/2000 01/31/9999 Service $20.00
82951 82951-GLUCOSE TOLERANCE TEST (GTT)
07/01/2000 01/31/9999 Service $35.00
82952 82952-GTT-ADDED SAMPLES
07/01/2000 01/31/9999 Service $20.00
82962 82962-GLUCOSE BLOOD TEST
12/31/2002 01/31/9999 Service $20.00
83036 83036-GLYCOSYLATED HEMOGLOBIN TEST
07/01/2000 01/31/9999 Service $25.00
83655 83655-ASSAY LEAD
07/01/2000 01/31/9999 Service $25.00
84702 84702-CHORIONIC GONADOTROPIN TEST
07/01/2000 01/31/9999 Service $25.00
84703 84703-CHORIONIC GONADOTROPIN ASSAY
07/01/2000 01/31/9999 Service $25.00
85013 85013-SPUN MICROHEMATOCRIT
07/01/2000 01/31/9999 Service $10.00
85244 85244-BLOOD CLOT FACTOR VIII TEST
07/01/2000 01/31/9999 Service $50.00

Figure 38: Sample Service Fee Definition Report

2. Review the entire list of fees.

   NOTE: Use the **Next Page** arrow button at the top of the window to move forward in the report.

3. If you find any data conversion errors, the HIS Project Team recommends that you contact the Help Desk should you require any modifications to your service fees to ensure that management of your service fees occurs properly in HIS. Please contact the HIS Project Team 919-855-3200 option 5.

   NOTE: There is a *Manage Service Fees and Flat Fees manually using Service Fee Maintenance* How to on the HIS Website. However, it is recommended that you contact the Help Desk initially so that we may work with your agency to prepare a worksheet that will allow you to more efficiently manage your service fees in HIS.

3.8 Verify clinics transferred from HSIS to HIS

District Setup Note: This task should be handled at the local level (i.e., 100 level RSCs) as clinics may vary across Sub-RSCs.

NOTE

If you are using HSIS for clinic scheduling, do not modify EXISTING clinics as this will impact the client data conversion process. However, you may add NEW clinics to HIS during the 1-week setup activity. Please refer to the How to Establish Clinic Sites for Clinic Appointment Scheduling, which is located on the HIS Website > Training & System Manuals > How To Help Guides.

If are not using HSIS for clinic scheduling, you may set up clinics. Follow the instructions within How to Establish Clinic Sites for Clinic Appointment Scheduling document.

Avatar Path:

Avatar PH > Appointment Scheduling > Clinic Scheduling

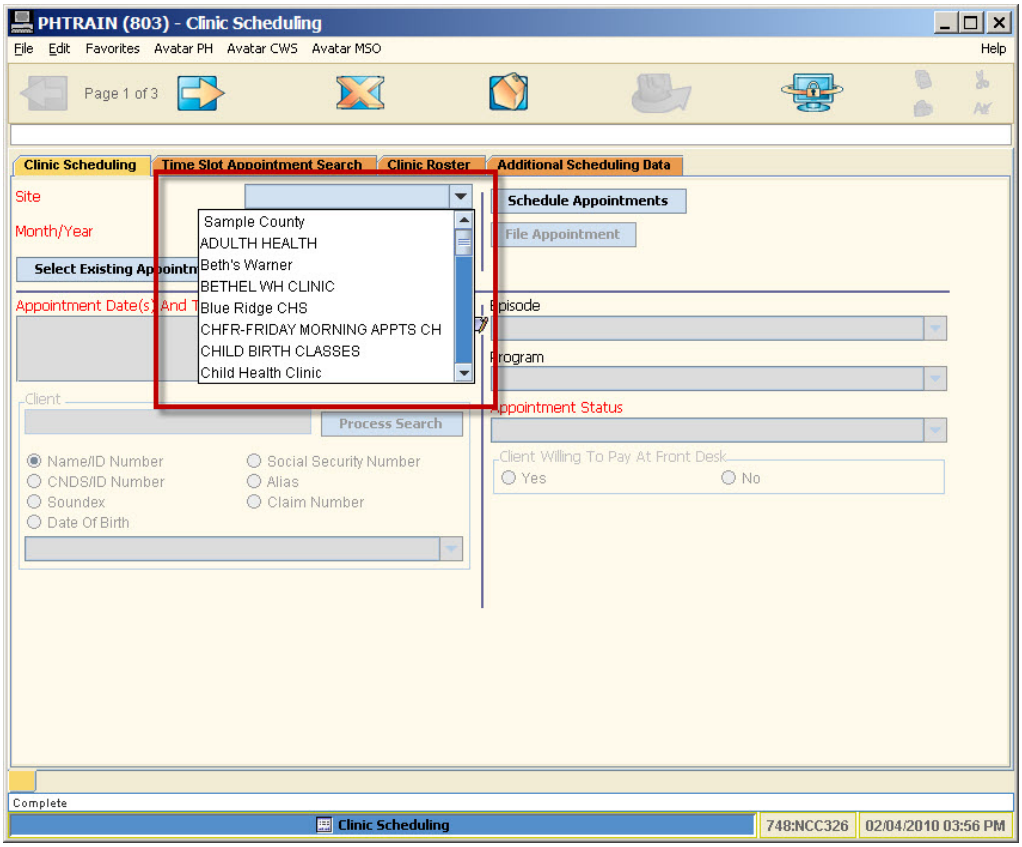

Figure 39: Clinic Scheduling option

1. In the **Clinic Scheduling** option, select the **Site** drop-down list.
2. Review the clinics listed within the **Site** drop-down list.
3. Verify the clinics listed are accurate. If any identify any data conversion errors, please contact the HIS Project Team 919-855-3200 option 5 or 919-218-3867.

3.9 Assign User Roles

District Setup Note: This task should be handled at the local level (i.e., 100 level RSCs). Before assigning a user role to a HIS user, verify that you have logged in to the applicable sub-RSC that matches the sub-RSC the user will be using. For example, if John Smith will be a user in sub-RSC 194, the LHD Administrator will need to log in to sub-RSC 194 before assigning John Smith a user role.

Enter and assign users to user roles by following the steps in the **User Definition** option. This option allows you to address one user at a time.

NOTE

When setting up user roles, the **Allow User Role Customization** field is active and required. The field will default with *No* selected. **DO NOT** select *Yes*. Customizing your user role can create issues with accessing functionality in the system.

Avatar Path:

Avatar PH > RADplus Utilities > System Security> User Definition

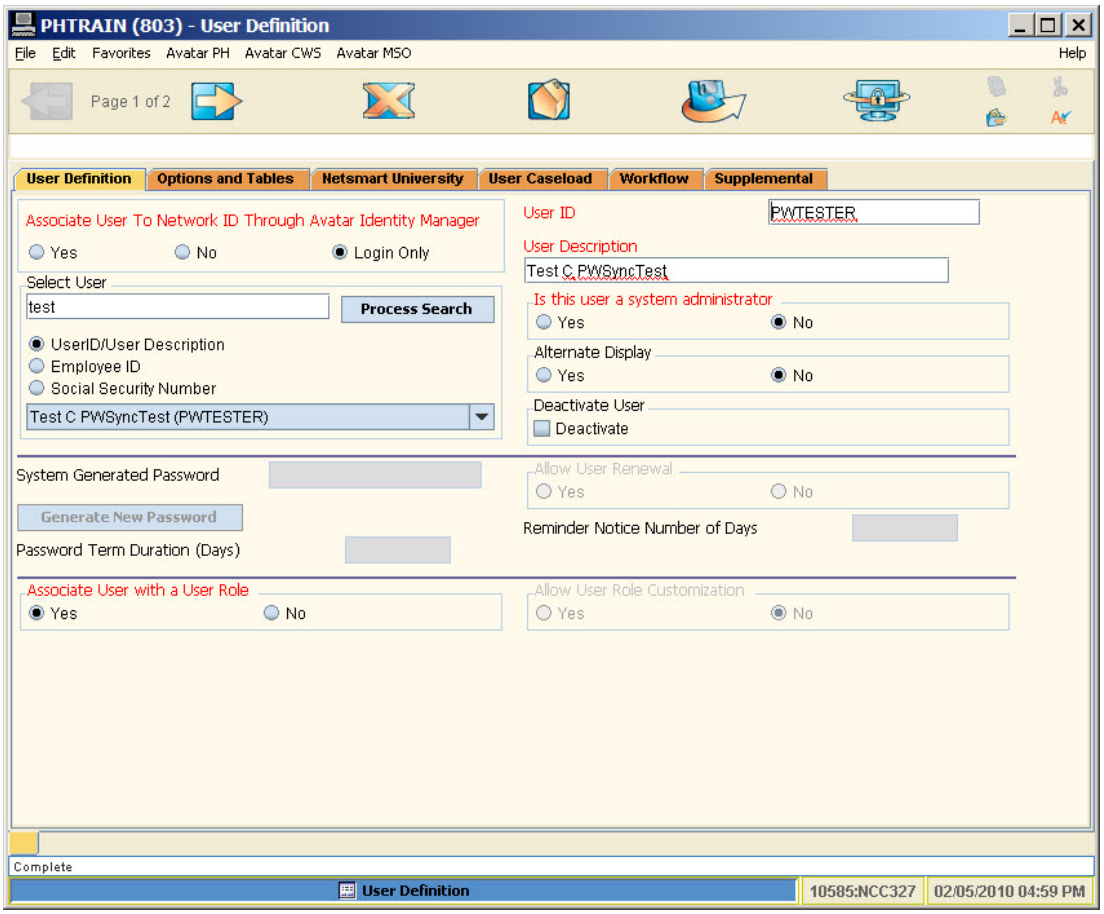

Figure 40: System Security – User Definition Tab.

1. Select *Login Only* in the **Associate User To Network ID Through Avatar Identity Manager** field.

   NOTE: *Login Only* should always be selected.
2. Enter the user's name in the **Select User** field.
3. Click the **Process Search** button.

   NOTE: If multiple matches display, select the appropriate user from the **Select User** drop-down field.

   If the name appears:

   a. Click on the **OK** button. This will populate the **User ID** and **User Description** fields.

   If the name is not found, perform a search within NCID to obtain the user's NCID.

   a. Enter the approved NCID user name in the **User ID** field.
   b. Tab out of the **User ID** field. The correct user information displays in the **User Description** field.

4. Click the **Forward** button to access Page 2.
5. In the **User Roles(s)** field, select the appropriate user role(s) for the user.

   NOTE: A complete list of user roles can be found on the HIS Website (Training & System Manuals > Supplemental Documentation) for both LHDs and CDSAs.

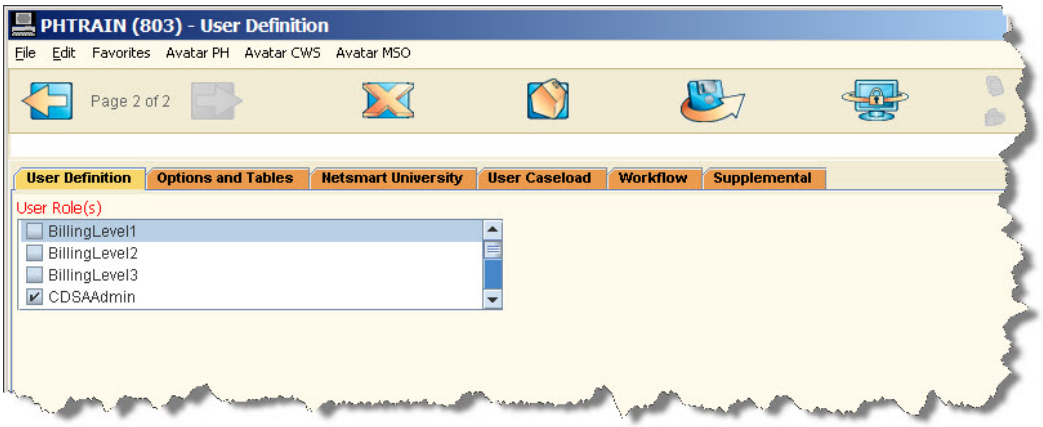

Figure 41: System Security – User Definition Tab

6. Click the Submit button to Save the user role(s) for the identified HIS user.

3.10 Associate Appropriate Users as Practitioners

District Setup Note: This task should be handled at the local level (i.e., 100 level RSCs). Before assigning a user role to a HIS user, verify that you have logged in to the applicable sub-RSC that matches the sub-RSC the user will be using. For example, if John Smith will be a user in sub-RSC 194, the LHD Administrator will need to log in to sub-RSC 194 before assigning John Smith a user role.

This task is only applicable for the practitioners that will be using HIS. In HIS, the system uses the term "staff member"; however, for our purposes, consider a staff member to be a practitioner or clinician. Associating a user as a "staff member" allows them to have additional functionality within the CWS module of HIS. If the practitioner will not be using HIS, they do not need a user role, nor do they need their user role associated as a staff member. Again, this needs to be done only once for each clinician using the system. Do not set up administrative staff as practitioners unless the administrative staff member also provide services.

If you find that a practitioner is not in the system, you may add them through the Practitioner Enrollment option in HIS.

Avatar Path:

Avatar PH >> RADplus Utilities >>System Security >>User Definition

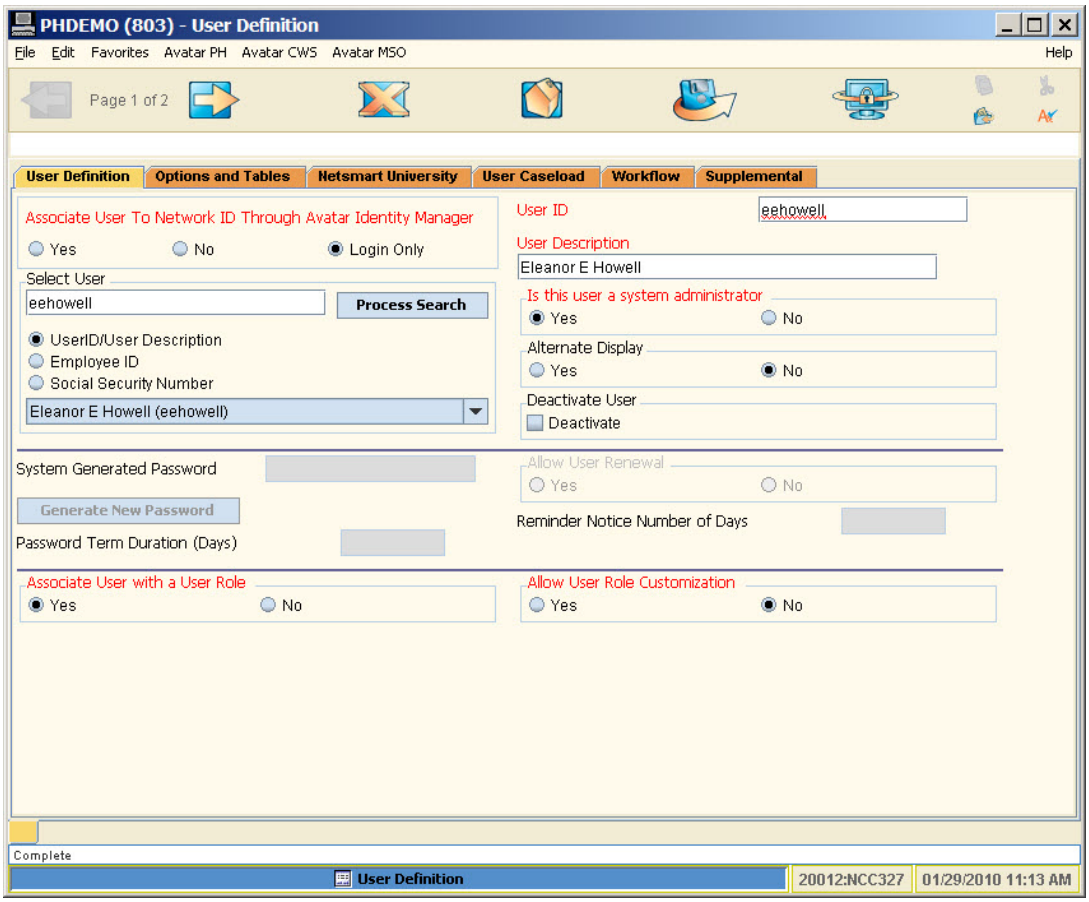

Figure 42: User Definition option

1. Enter the user's NCID in the **User ID** field.
2. Tab out of the **User ID** field. The user's name will populate in the **User Description** field.

   NOTE: The user must have a valid NCID before he or she may log in and use the system.

3. Select the **User Caseload** tab.

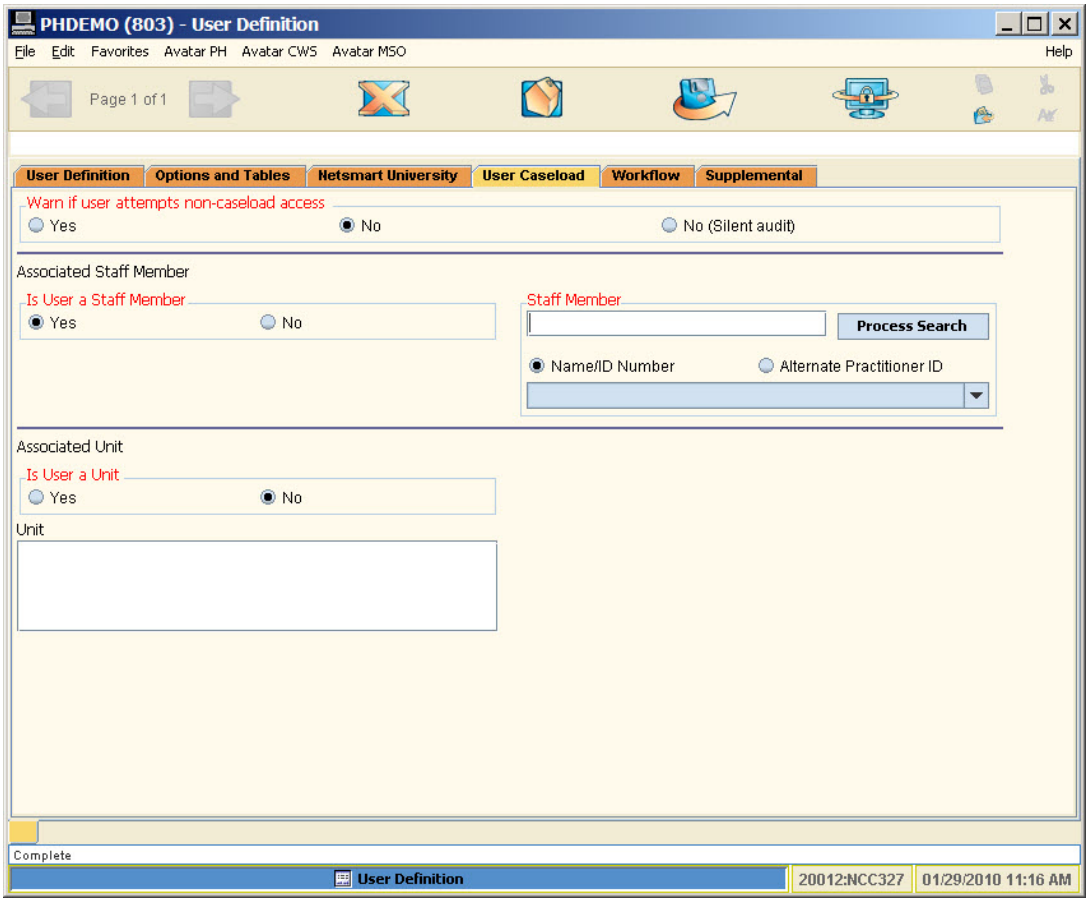

Figure 43: User Definition option – User Caseload tab

4. Select *Yes* in the **Is User a Staff Member** field.

   NOTE: This activates and requires the **Staff Member** field.

5. Enter the user's name in the **Staff Member** field.

   NOTE: If the staff member does not populate, the individual's information has not been entered using the **Practitioner Enrollment** option.

6. Click the **Process Search** button.

   NOTE: If multiple matches exist, select the correct user from the **Staff Member** drop-down field.

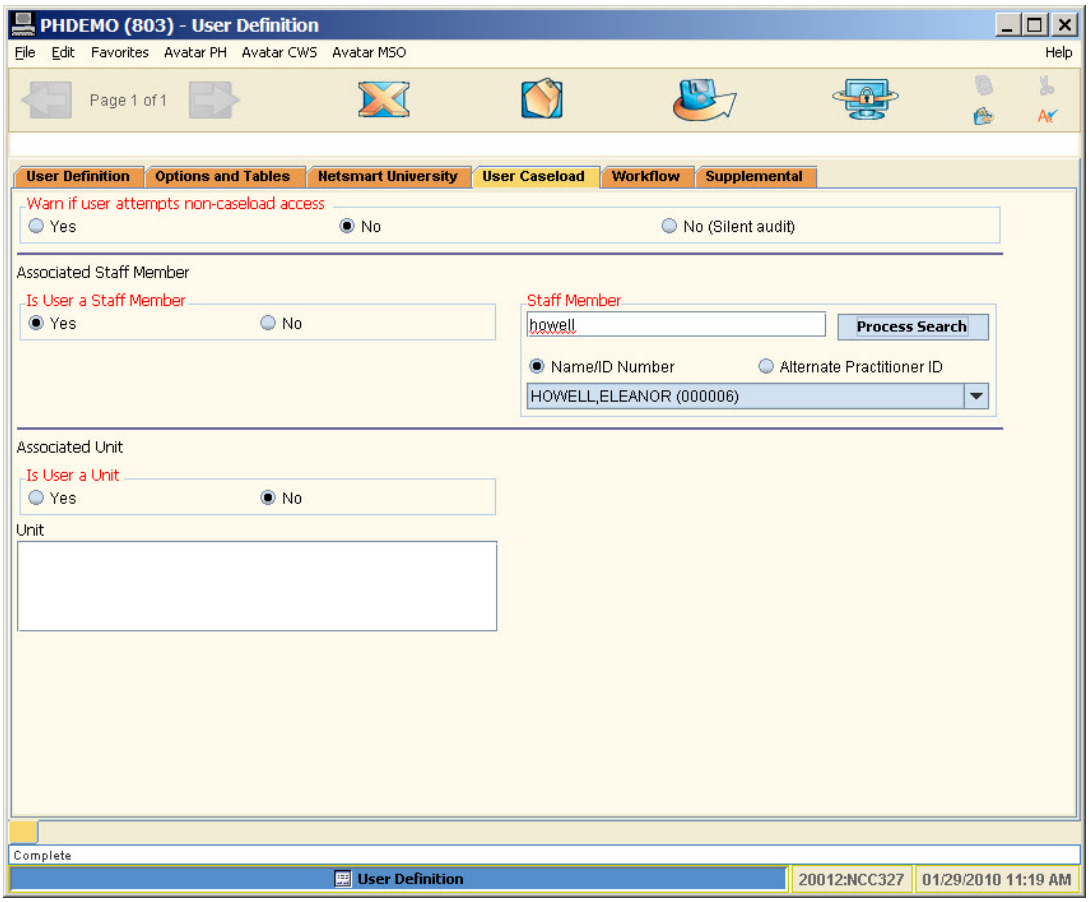

Figure 44: User Definition option – User Caseload tab

7. Click the **Submit** button.

3.11 Verify Converted Sliding Fee Scale

District Setup Note: This task should be handled at the district level (i.e., 200 level RSCs) since each sub-RSC should be using the same sliding fee scale(s).

Verify your agency's Sliding Fee Scale (SFS) in the Production Environment. If you find that a new sliding fee scale is needed, you may add a new fee scale during the 1 week setup period. Follow the instructions provided in the How to Enter a Sliding Fee Scale located on the HIS Website (Training & System Manuals > How To Help Guides).

You should not need to modify the Federal Poverty Scale; however, if you find an error associated with this scale, please contact the HIS Help Desk.

NOTE: In HIS, sliding fee scales that are required to slide to a percentage other than zero (0%) percent, this functionality is currently not available.

Avatar Path:

Avatar PH > System Maintenance > System Definition > Sliding Fee Scale

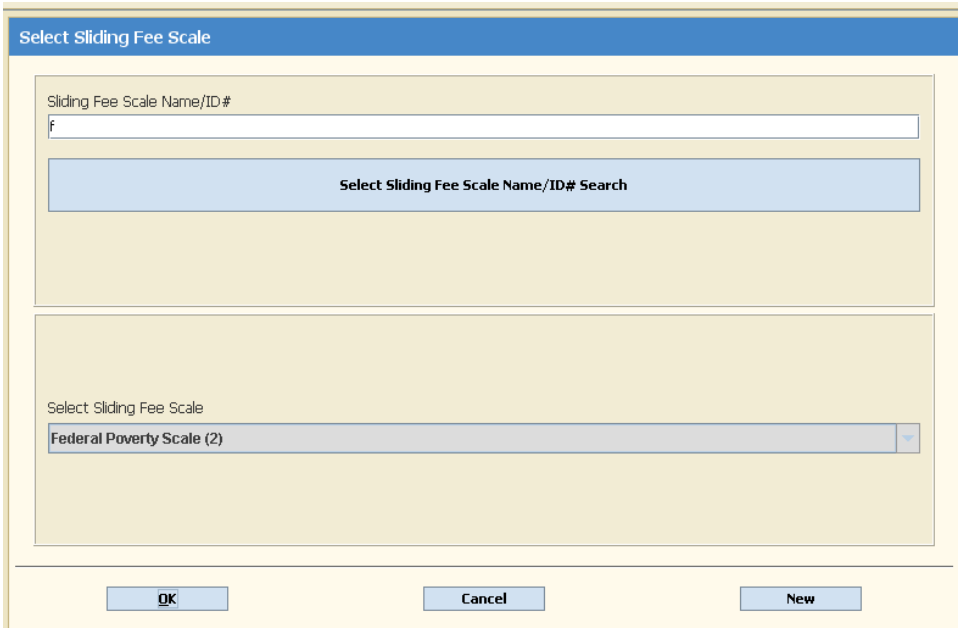

Figure 45: System Definition – Sliding Fee Scale Search

1. Enter the sliding fee scale name in the **Sliding Fee Scale Name/ID #** field.
2. Click the **Select Sliding Fee Scale Name/Id# Search** button.

   NOTE: The desired scale will populate in the **Select Sliding Fee Scale** field.
3. Click the **OK** button to continue.

CAUTION!

Do NOT change any data on the *Federal Poverty Scale Table* screen (refer to Figure 46).

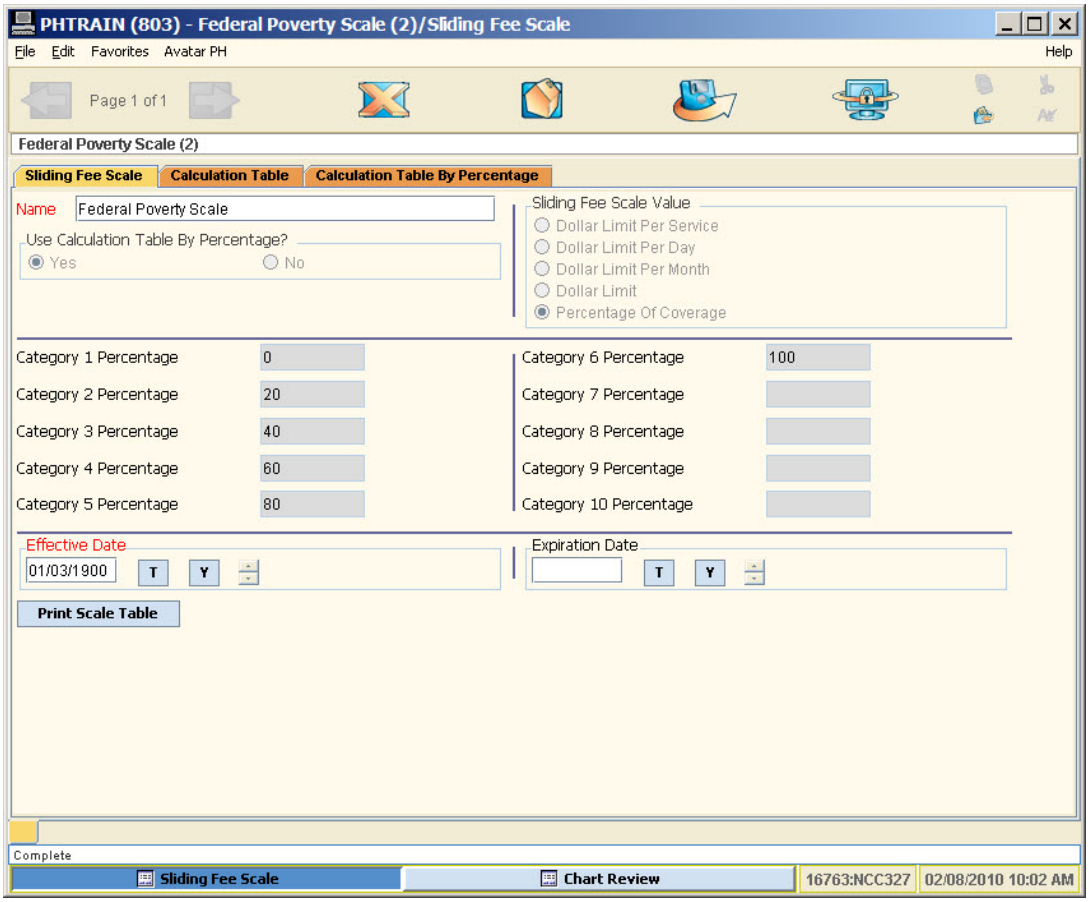

Figure 46: System Definition – Federal Poverty Scale Table.

4. Click the **Print Scale Table** button.

   NOTE: The Sliding Fee Scale report may display with illegible links under the Program heading. If this is the case, continue with step 5. If your crystal report is legible, continue to step 9.

5. Click the **Export** button.

   NOTE: An **Export the Report** dialog window displays.

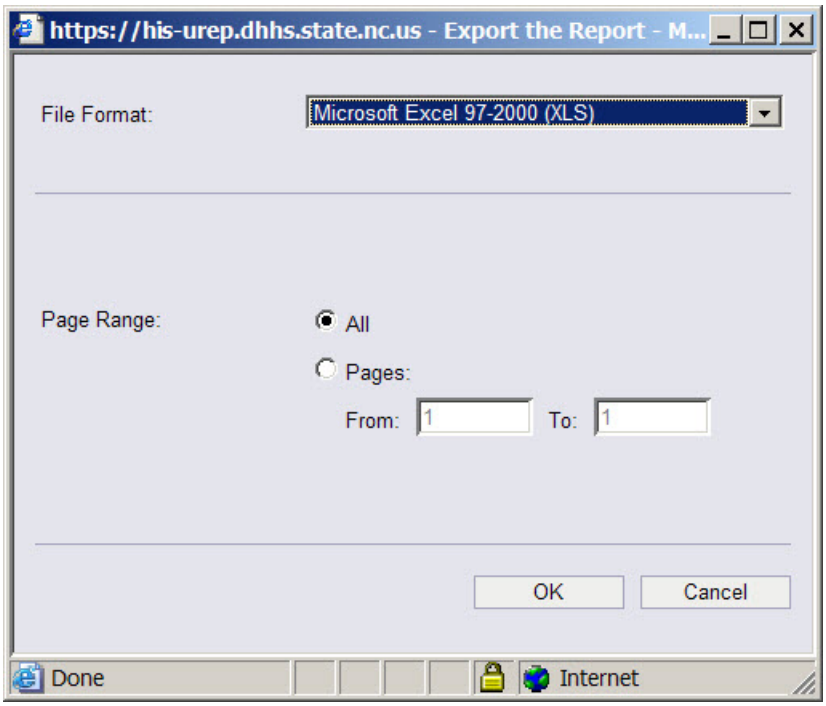

Figure 47: Export the Report dialog window

6. Select *Microsoft Excel (XLS)* from the **File Format** drop-down field.
7. Select *All* in the **Page Range** field.

8. Click the **OK** button to convert the crystal report to an Excel file.

   NOTE: You can now adjust the column "D" width to expose all programs associated with the Federal Poverty Scale.

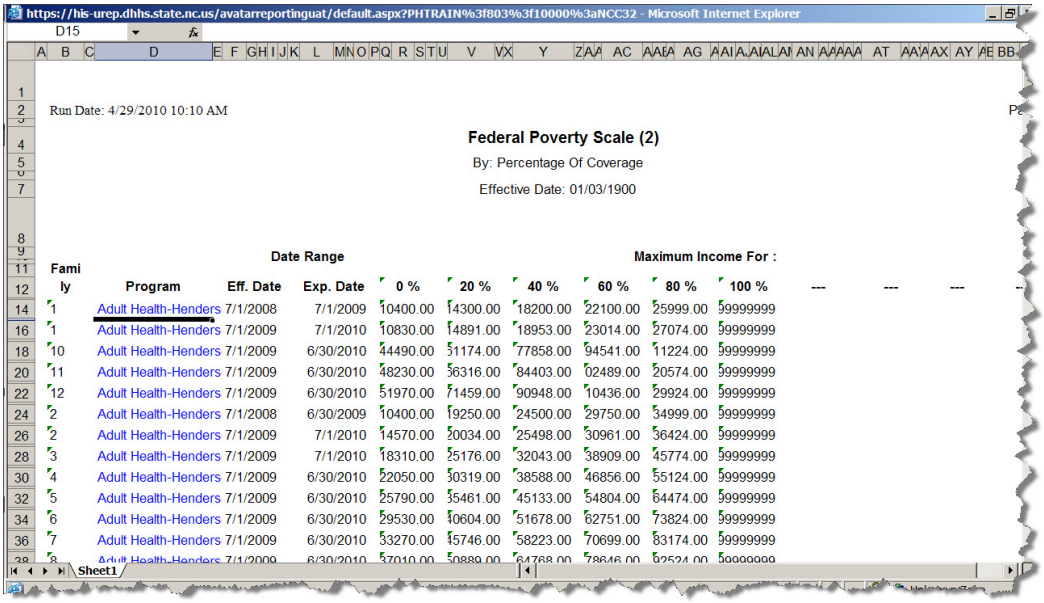

Figure 48: PDF version of Sliding Fee Scale report

As noted earlier, if you find an error with the Federal Poverty Scale, please contact the help desk. If you need to add a new locally defined fee scale, you may do so at this time using the How to Enter a Sliding Fee Scale located on the HIS Website (Training & System Manuals > How To Help Guides).

3.12 Add Medicaid Guarantor/Program Billing Defaults (LHD)

District Setup Note: This task can be handled at either the district (i.e., 200 level RSC) or the local level (i.e., 100 level RSC). If there is only one tax ID, NPI, etc. numbers that are submitted to Medicaid for every agency within your District, this setup can occur at the District level. If the numbers are different, even if only one number is different (e.g., each sub-RSC has its own Federal Tax ID), this task should occur at the local level (i.e., 100 level RSC). If you perform this set up at the local level, you will need to repeat the process for each Sub-RSC. Make sure you are logged into the applicable sub-RSC before performing this task.

The **Guarantor/Program Billing Defaults** option is used to set up the default billing information for Medicaid electronic and paper billing files. Default billing information is specific to the agency submitting the Medicaid claim. Examples of this information would be the agency's Medicaid billing provider number, billing provider name, federal employer identification number (EIN) and special entries required by North Carolina Medicaid.

Medicaid default billing setup information can be found in the *How To Set Up Medicaid Guarantor/Program Billing Defaults (LHD)* document, which is found on the HIS Website (Training & System Manuals > How To Help Guides).

NOTE: If you are billing Medicaid for behavioral health services, you will need to set up practitioner information in the **Practitioner Numbers By Guarantor and Program** option within HIS. Please refer to the *How To Set Up Medicaid Guarantor/Program Billing Defaults (LHD)* document, which is found on the HIS Website (Training & System Manuals > How To Help Guides) for assistance.

3.13 Add Commercial Guarantor/Program Billing Defaults (LHD)

Due to issues with the current clearinghouse, the HIS Project Team recommends the following regarding commercial insurance billing:

- Continue (for those about to or just coming on to HIS) or resume (for pilots) billing third party payors other than Medicaid using a paper CMS1500 printed from HIS (where submission of paper claims is still allowed by the third party payor);
- If you have a current contract with a clearinghouse, continue that contract until further notice;
- For Medicare, which requires electronic claims submission, if you are not already utilizing MCE billing system to submit claims to Medicare please contact MCE to request the necessary setup before the submittal process can begin;
- For any insurance companies that require electronic submission, determine if that insurance company provides a mechanism (similar to MCE for Medicare) for submitting claims and use that until further notice; and
- Notify HIS of any insurance companies that require an electronic claim, but do not provide a mechanism for submission so we can try to determine an interim solution.

For assistance with setting up HIS to generate a paper CMS-1500, please use the following resources:

- Setting up your CMS-1500 for commercial billing (Location: Training & System Manuals > Recorded Webcasts)
- CMS-1500 set up for Commercial Billing (Location: Training & System Manuals > How To Help Guides)

  NOTE: The printed document is a supplement to the recorded webcast.

3.14 Create and Update Lab Dictionary Tables

District Setup Note: This task should be handled at the local level (i.e., 100 level RSCs) as lab order type may vary.

This step allows you to set up your lab dictionaries for in-house and outside labs so that the appropriate lab orders are displayed within the **Lab Order/Results** option. Refer to the instructions on how to set up labs are available in the *How to Use File Import Export for Lab Dictionaries*, which identifies how you would create and update Lab Dictionary tables. This document is available on the HIS Website (Training & System Manuals > How To Help Guides).

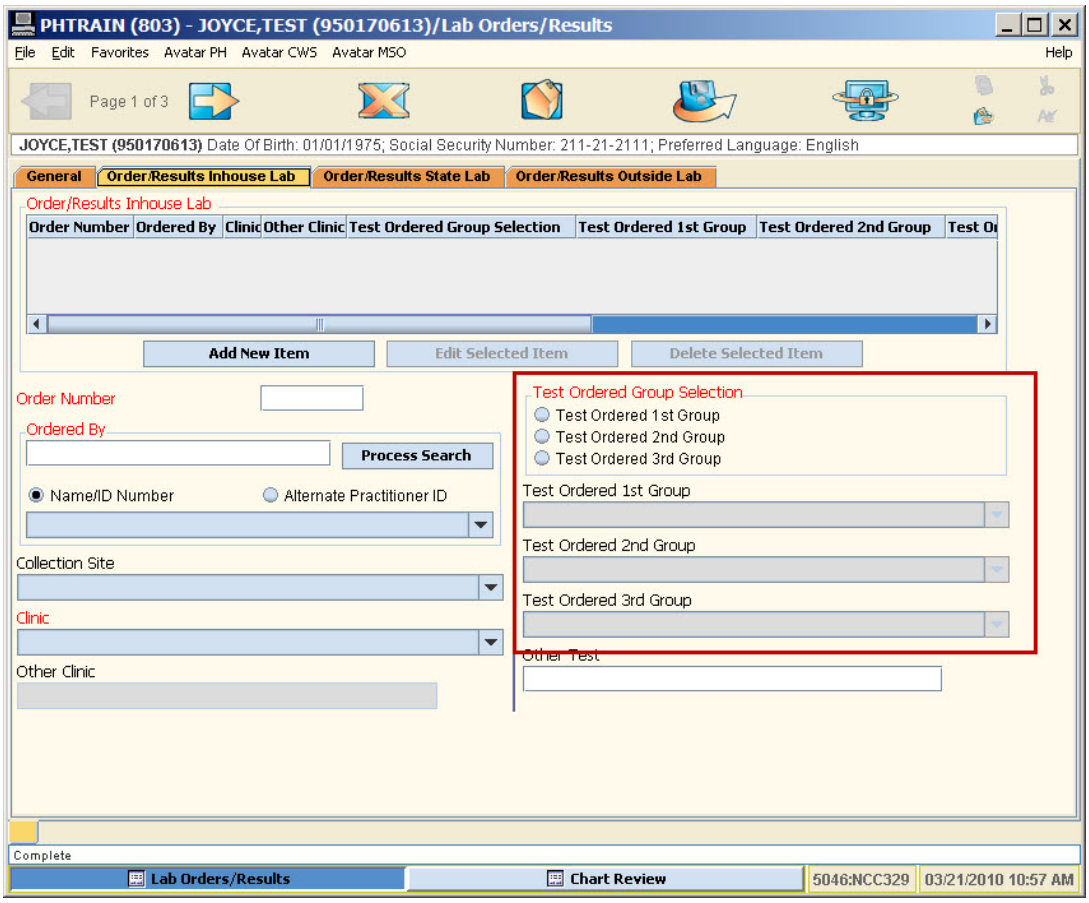

Figure 49: Lab Order/Results option

3.15 Enter CLIA Numbers

District Setup Note: If all sub-RSCs within your District use the same CLIA number, such as a centralized lab for the district, this task may be setup at the District level (i.e., 200 level RSC). If each sub-RSC has a specific CLIA number, this task needs to be addressed at the local level (i.e., 100 level RSCs). If you need to enter unique CLIA numbers into each sub-RSC, verify that you have logged in to the applicable sub-RSC to associate the CLIA number.

Effective June 1, 1998, the Clinical Laboratory Improvements Amendment (CLIA) requires that any provider performing laboratory tests have a CLIA certificate in order to receive reimbursement from federal programs. Providers must have their CLIA certificate number on file with the N.C. Medicaid program. The Division of Facility Services issues a CLIA certificate for each laboratory location. Providers with multiple locations must submit the certificate issued for the site where the lab services are rendered. Failure to have a CLIA number on file will result in denied claims.

Follow the steps outlined below to enter your local agency's CLIA number(s).

Avatar Path to Dictionary Update:
Avatar PH > RADplus Utilities > Dictionary and Table Maintenance > Dictionary Update

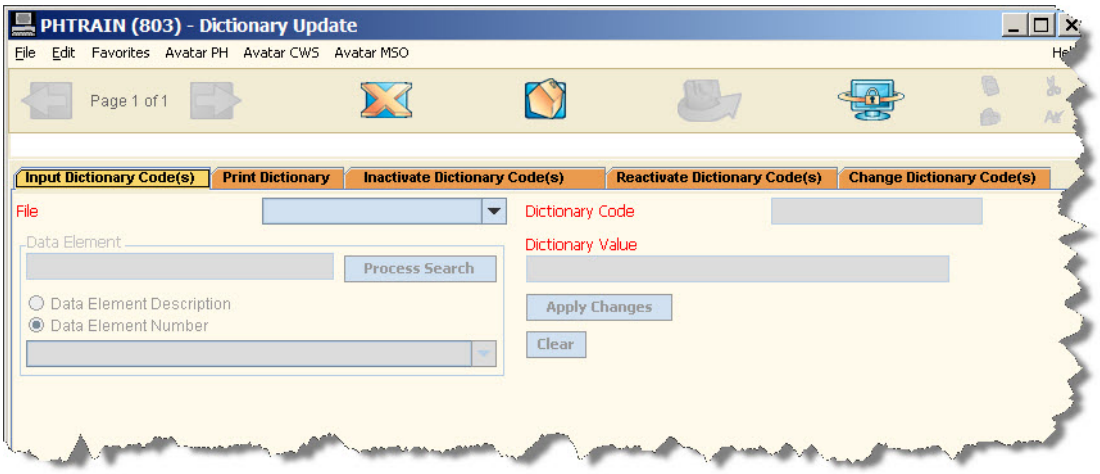

Figure 50: Dictionary Update option

1. Select *Client* from the **File** option.
2. Select **Data Element Number** radio button.
3. Enter *10006* (HCFA/837 Place of Service) in the **Data Element** field.

4. Click the **Process Search** button.

   NOTE: The "Confirm" dialog box displays. Click **OK** to continue. After clicking **OK** the **Defined Extended Dictionary Values** field is populated.

Figure 51: Confirm dialog box

5. In the **Dictionary Code** field, enter *71* and TAB out of the field.

   NOTE: Once you've tabbed out of field the **Dictionary Value Field** will automatically display *State or Local Public Health Clinic*.

   Note: *81(Independent Laboratory)* is used by the State Lab **only**.

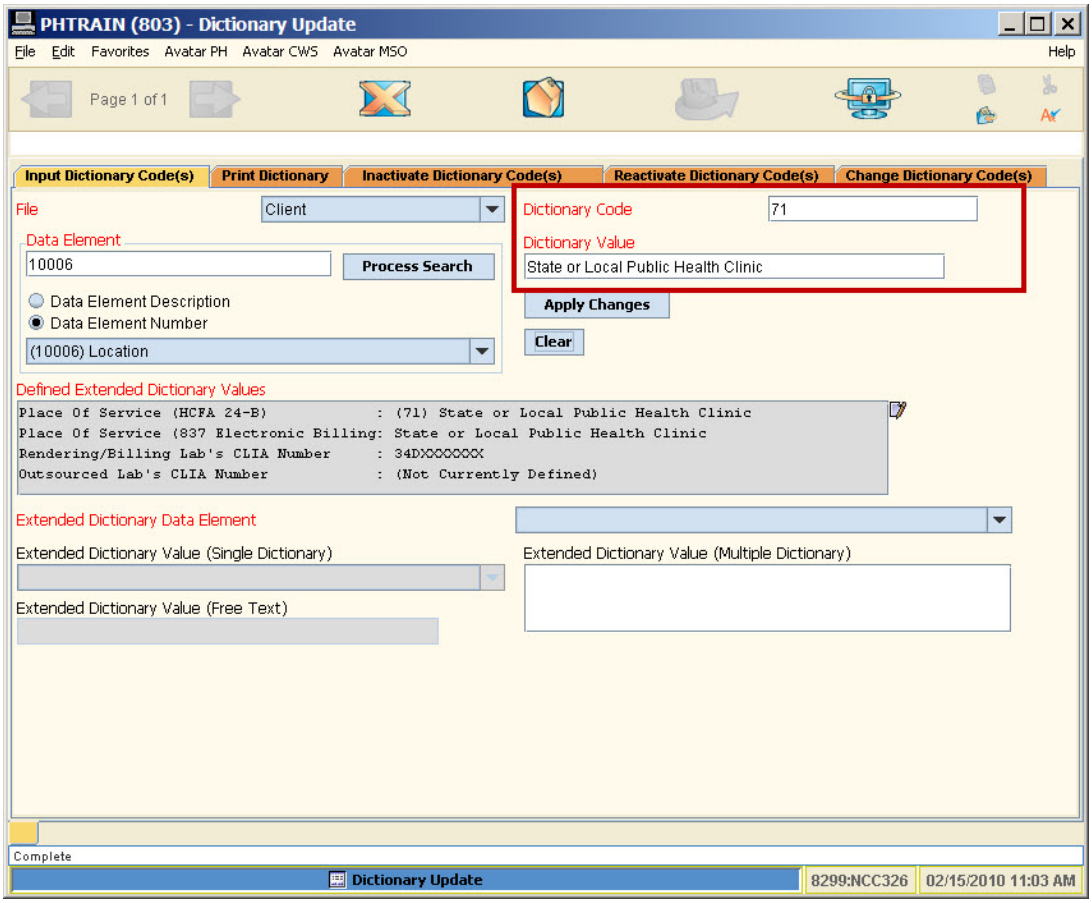

Figure 52: Dictionary Code field

6. Select *(2600) Rendering/Billing Lab's CLIA Number* from the **Extended Dictionary Data Element** drop-down field.

   NOTE: For LHDs (Root System Codes 1*xx* and 2*xx*) and Non Local Agencies (Root System Codes 7*xx*) that perform Lab Tests and the State Lab (Root System Code 692), to transmit CLIA Numbers while billing for Lab Services provided, associate the CLIA Number with the Extended Dictionary Data Element field ***Rendering/Billing Lab's CLIA Number*** using the location codes 71 (Local or Public Health Clinic).

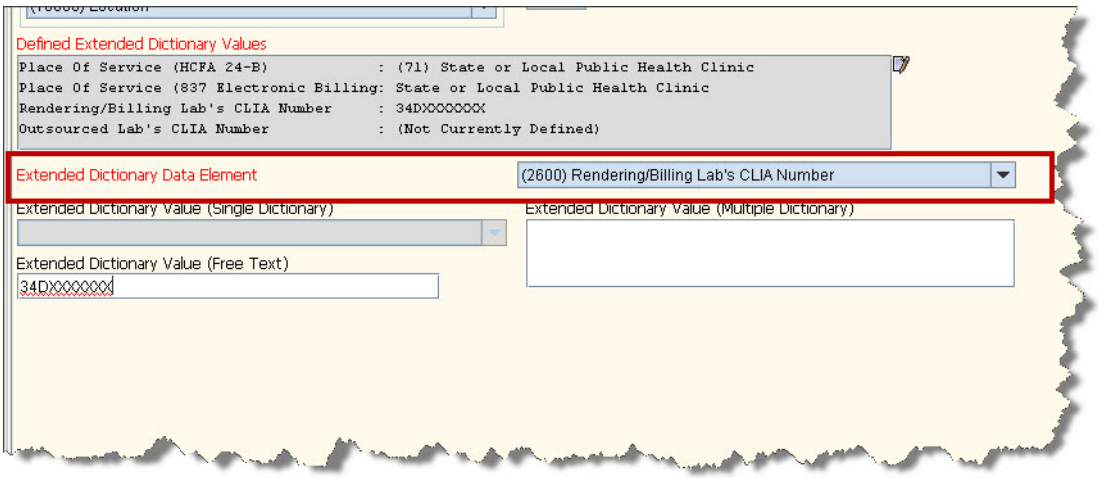
Defined Extended Dictionary Values
Place Of Service (HCFA 24-B) : (71) State or Local Public Health Clinic
Place Of Service (837 Electronic Billing: State or Local Public Health Clinic
Rendering/Billing Lab's CLIA Number : 34DXXXXXXX
Outsourced Lab's CLIA Number : (Not Currently Defined)
Extended Dictionary Data Element
(2600) Rendering/Billing Lab's CLIA Number
Extended Dictionary Value (Single Dictionary)
Extended Dictionary Value (Multiple Dictionary)
Extended Dictionary Value (Free Text)
34DXXXXXXX

Figure 53: Extended Dictionary Data Element drop-down field

7. Enter the CLIA Number in the **Extended Dictionary Value (Free Text)** field.

   NOTE: The CLIA Number will begin with *34D* followed by seven (7) numerical digits (e.g. **34D***xxxxxxx* where *x* represents a numeric value).

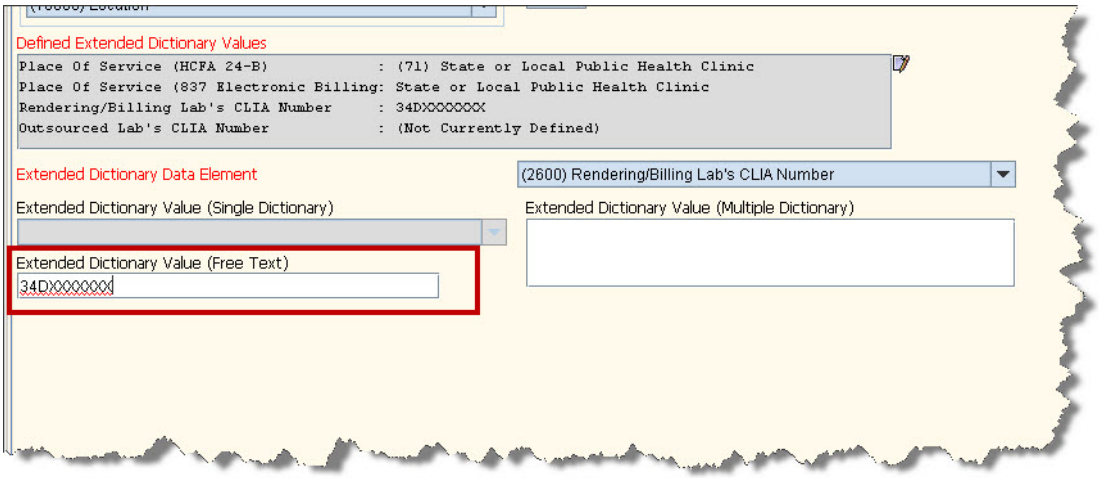
Defined Extended Dictionary Values
Place Of Service (HCFA 24-B) : (71) State or Local Public Health Clinic
Place Of Service (837 Electronic Billing: State or Local Public Health Clinic
Rendering/Billing Lab's CLIA Number : 34DXXXXXXX
Outsourced Lab's CLIA Number : (Not Currently Defined)
Extended Dictionary Data Element
(2600) Rendering/Billing Lab's CLIA Number
Extended Dictionary Value (Single Dictionary)
Extended Dictionary Value (Multiple Dictionary)
Extended Dictionary Value (Free Text)
34DXXXXXXX

Figure 54: Extended Dictionary Value (Free Text) field

8. Click the **Apply Changes** button.

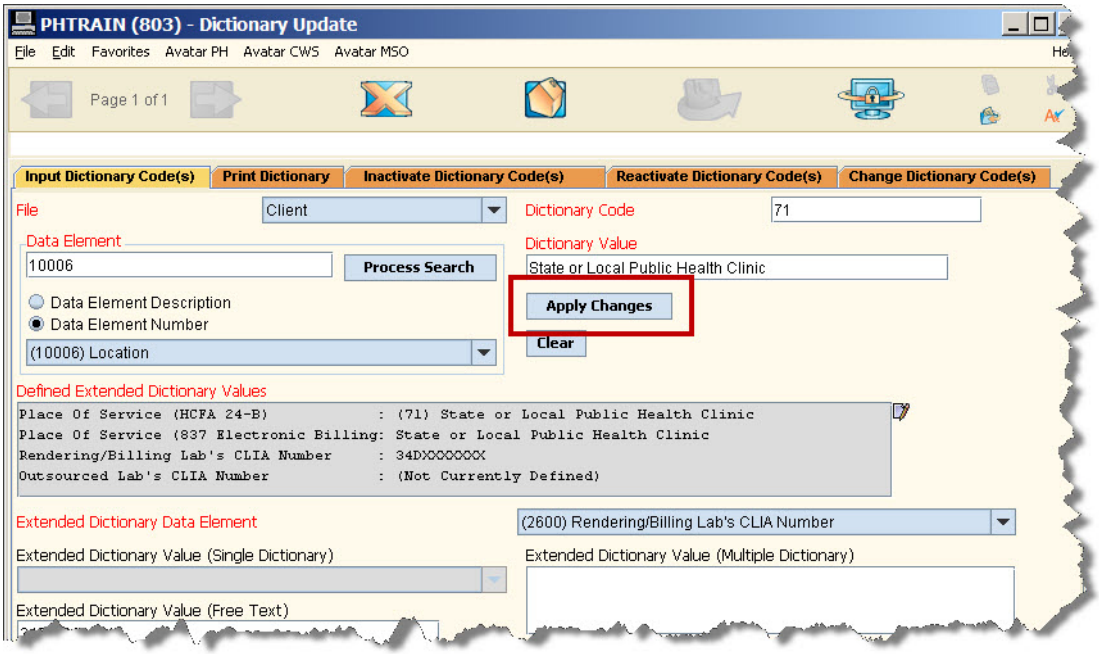
PHTRAIN (803) - Dictionary Update
File Edit Favorites Avatar PH Avatar CWS Avatar MSO
Page 1 of 1
Input Dictionary Code(s)
Print Dictionary
Inactivate Dictionary Code(s)
Reactivate Dictionary Code(s)
Change Dictionary Code(s)
File
Client
Dictionary Code
71
Data Element
10006
Process Search
Dictionary Value
State or Local Public Health Clinic
Data Element Description
Data Element Number
Apply Changes
Clear
(10006) Location
Defined Extended Dictionary Values
Place Of Service (HCFA 24-B) : (71) State or Local Public Health Clinic
Place Of Service (837 Electronic Billing: State or Local Public Health Clinic
Rendering/Billing Lab's CLIA Number : 34DXXXXXXX
Outsourced Lab's CLIA Number : (Not Currently Defined)
Extended Dictionary Data Element
(2600) Rendering/Billing Lab's CLIA Number
Extended Dictionary Value (Single Dictionary)
Extended Dictionary Value (Multiple Dictionary)
Extended Dictionary Value (Free Text)

Figure 55: Apply Changes button

3.15.1 Enter a Second CLIA Number

Please note that this section is relevant only if your agency has more than one CLIA number for a RSC or sub-RSC. If your agency has two CLIA numbers, you will repeat the steps noted in the section 3.15 Enter CLIA Number. The only difference is that you will enter a different Dictionary Code value – *71LAB*.

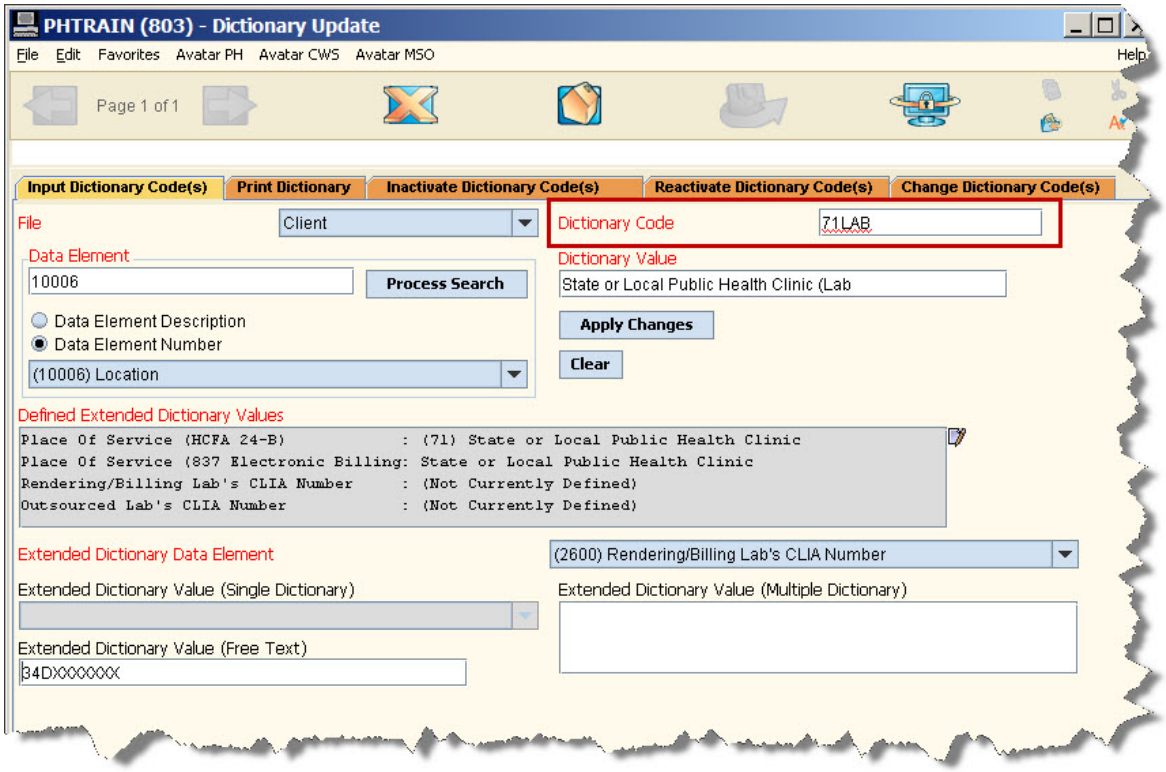
PHTRAIN (803) - Dictionary Update
File Edit Favorites Avatar PH Avatar CWS Avatar MSO Help
Page 1 of 1
Input Dictionary Code(s)
Print Dictionary
Inactivate Dictionary Code(s)
Reactivate Dictionary Code(s)
Change Dictionary Code(s)
File
Client
Dictionary Code
71LAB
Data Element
10006
Process Search
Dictionary Value
State or Local Public Health Clinic (Lab
Data Element Description
Data Element Number
Apply Changes
Clear
(10006) Location
Defined Extended Dictionary Values
Place Of Service (HCFA 24-B) : (71) State or Local Public Health Clinic
Place Of Service (837 Electronic Billing: State or Local Public Health Clinic
Rendering/Billing Lab's CLIA Number : (Not Currently Defined)
Outsourced Lab's CLIA Number : (Not Currently Defined)
Extended Dictionary Data Element
(2600) Rendering/Billing Lab's CLIA Number
Extended Dictionary Value (Single Dictionary)
Extended Dictionary Value (Multiple Dictionary)
Extended Dictionary Value (Free Text)
34DXXXXXXX

Figure 56: Second CLIA Number Process

As shown if Figure 56:

- The **Dictionary Code** field now contains *71LAB* instead of *71*.
- All remaining fields have the same data entry requirements EXCEPT the **Extended Dictionary Value (Free Text)** field, which will be the second CLIA number.

3.16 Enter System Self Pay Dunning Messages

District Setup Note: This task should be handled at the local level (i.e., 100 level RSCs). Make sure you are logged into the respective sub-RSC before you address this task.

Use this option to create messages to display on the Crystal Self Pay bills when they are printed. Refer to the Dunning Message created by your local agency during the "Now" set up tasks. As a reminder, each field is limited to 80 characters.

NOTE: This task is for your Patient Pay and Patient Pay Confidential Guarantors.

Avatar Path:

Avatar PH > System Maintenance > System Definition > System Self Pay Dunning Messages

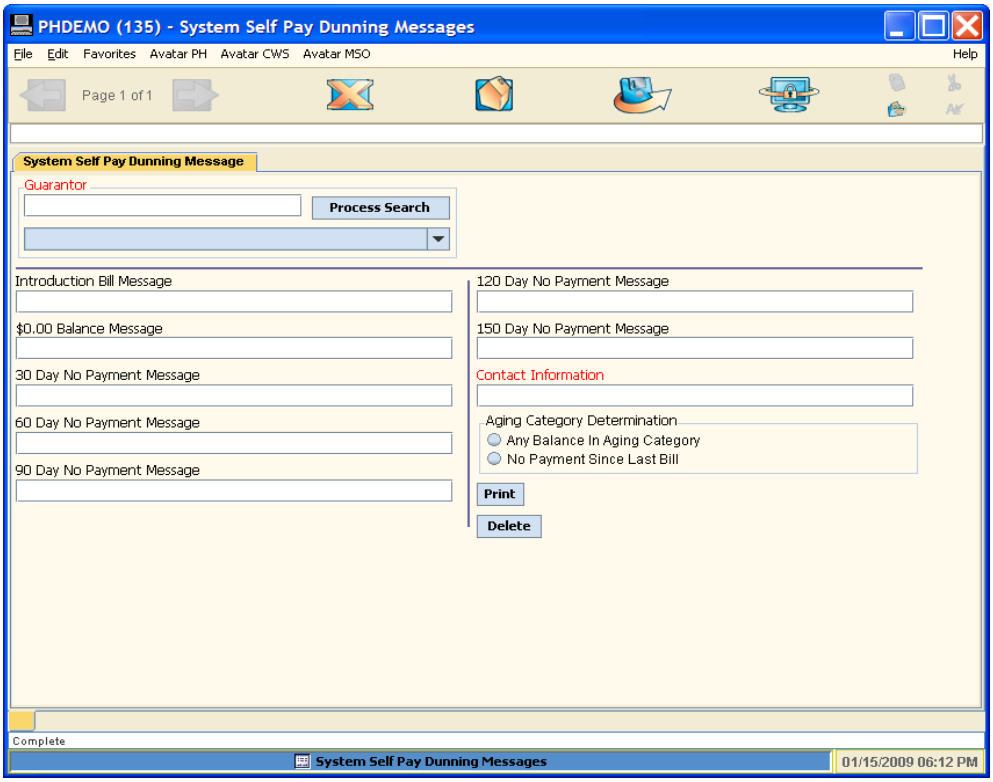
PHDEMO (135) - System Self Pay Dunning Messages
File Edit Favorites Avatar PH Avatar CWS Avatar MSO Help
Page 1 of 1
System Self Pay Dunning Message
Guarantor
Process Search
Introduction Bill Message
$0.00 Balance Message
30 Day No Payment Message
60 Day No Payment Message
90 Day No Payment Message
120 Day No Payment Message
150 Day No Payment Message
Contact Information
Aging Category Determination
Any Balance In Aging Category
No Payment Since Last Bill
Print
Delete
Complete
System Self Pay Dunning Messages
01/15/2009 06:12 PM

Figure 57: System Self Pay Dunning Messages.

1. Enter the guarantor's name in the **Guarantor** field.
2. Click the **Process Search** button.

   NOTE: If multiple matches exist, select the correct guarantor from the **Guarantor** drop-down field. A self pay dunning message can be filed for all guarantors.
3. Enter the message that displays on the client's initial self-pay bill in the **Introduction Bill Message** field.

4. Enter the message that displays on the client's bill when the expected payment has been received or the remaining balance is $0.00 in the **$0.00 Balance Message** field.
5. Enter the message that displays on a client's statement when the self-pay bill has gone unpaid for 30 days from the last claim date in the **30 Day No Pay Message** field.
6. Enter the message that displays on a client's statement when the self-pay bill has gone unpaid for 60 days from the last claim date in the **60 Day No Pay Message** field.
7. Enter the message that displays on a client's statement when the self-pay bill has gone unpaid for 90 days from the last claim date in the **90 Day No Pay Message** field.
8. Enter the message that displays on a client's statement when the self-pay bill has gone unpaid for 120 days from the last claim date in the **120 Day No Pay Message** field.
9. Enter the local agency's contact information that will display on the self-pay bill in the **Contact Information** field.
10. In the **Aging Category Determination** field, select at what point a no pay message should display. There are two choices:
    a. Select **Any Balance In Aging Category** to display the appropriate no pay message when a payment has been received but a balance remains.
    b. Select **No Payment Since Last Bill** to only display the no pay message when a balance remains and no payment has been received since the last bill.
11. Click the **Submit** button to save the changes.
12. Return to the option.
13. Click the **Print** button to generate a report of the System Self Pay Dunning Messages for this guarantor.

    NOTE: With all fields empty, click the **Print** button to generate a report that contains all of the existing System Self Pay Dunning Messages sorted by Guarantor. With a guarantor selected, click the **Delete** button to delete an existing System Self Pay Dunning Message for a guarantor.

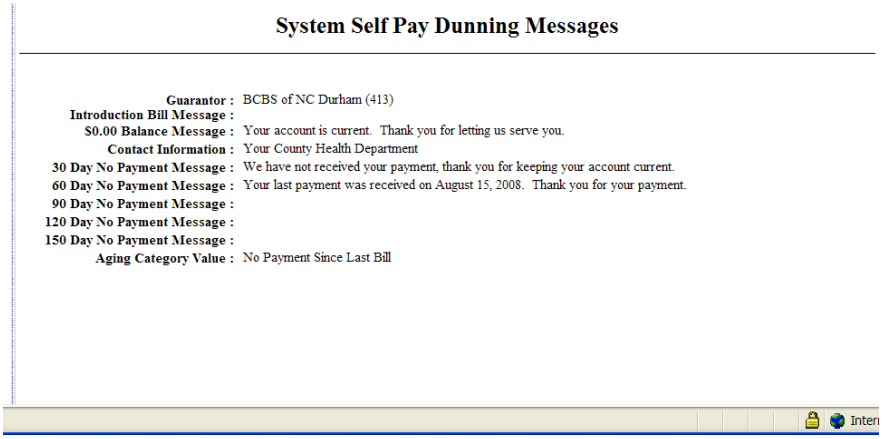
System Self Pay Dunning Messages
Guarantor : BCBS of NC Durham (413)
Introduction Bill Message :
$0.00 Balance Message : Your account is current. Thank you for letting us serve you.
Contact Information : Your County Health Department
30 Day No Payment Message : We have not received your payment, thank you for keeping your account current.
60 Day No Payment Message : Your last payment was received on August 15, 2008. Thank you for your payment.
90 Day No Payment Message :
120 Day No Payment Message :
150 Day No Payment Message :
Aging Category Value : No Payment Since Last Bill

Figure 58: System Self Pay Dunning Message Report.

3.17 Add Educational Materials

District Setup Note: This task should be handled at the local level (i.e., 100 level RSCs) as educational materials may vary across district agencies. Make sure you are logged into the appropriate sub-RSC before performing this task.

The type of educational materials included in Avatar is determined by your local agency's polices and procedures. .

Avatar Path:

Avatar PH > System Maintenance > System Definition > Educational Material Definition

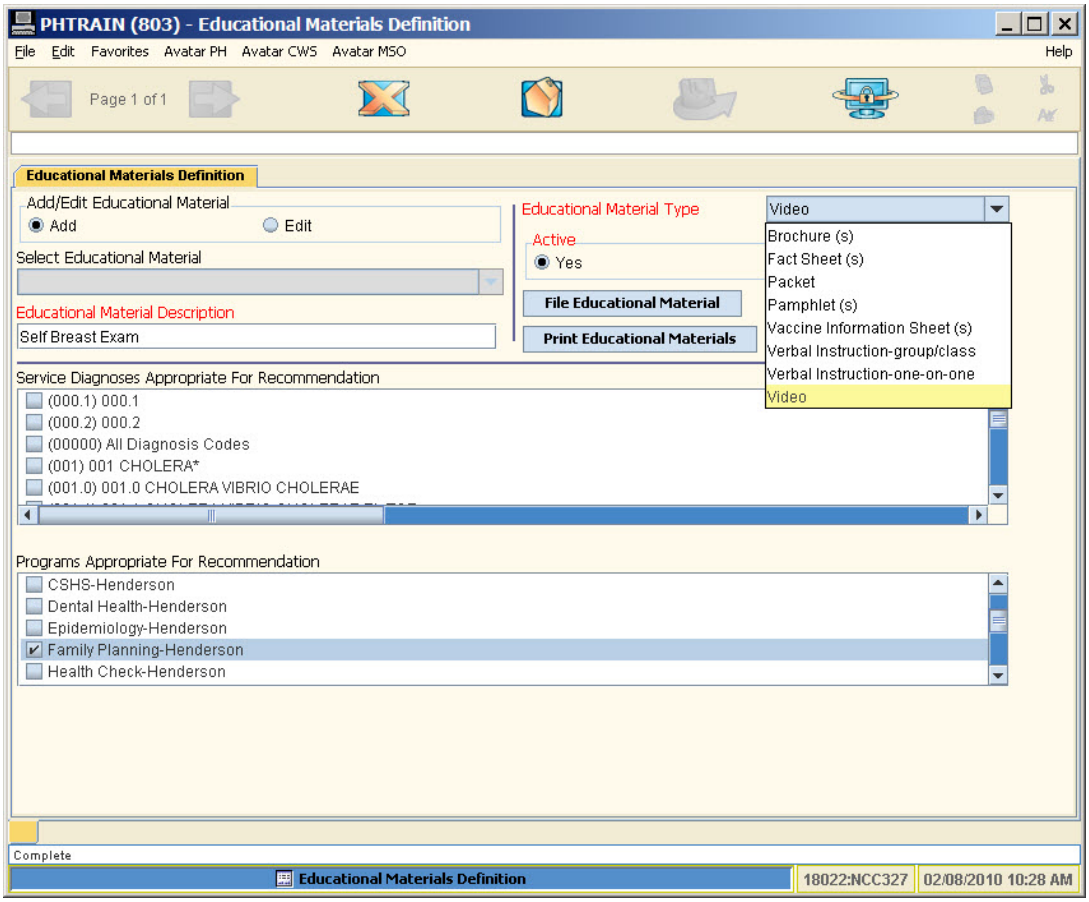

Figure 59: System Definition – Education Material Definition Tab.

1. Select *Add* in the **Add/Edit Educational Material** field.
2. Enter the educational material description in the **Educational Material Description** field.
3. Select the type of educational material from the **Educational Material Type** drop-down field.
4. Select *Yes* in the **Active** field.

   NOTE: The **Service Diagnosis Appropriate for Recommendation** field is not required. This

field may be defined and used by your agency's clinical staff.

5. Select the applicable service programs that utilize the educational material in the **Programs Appropriate for Recommendation** field

   NOTE: This is not a required field, but is recommended.

6. Click the **File Educational Material** button to add the educational material to the system.

   NOTE: A confirmation window will display. Click **OK** to continue.

Figure 60: Filed Information dialog box

To review your agency's list of educational material definitions, click the **Print Educational Materials** button.

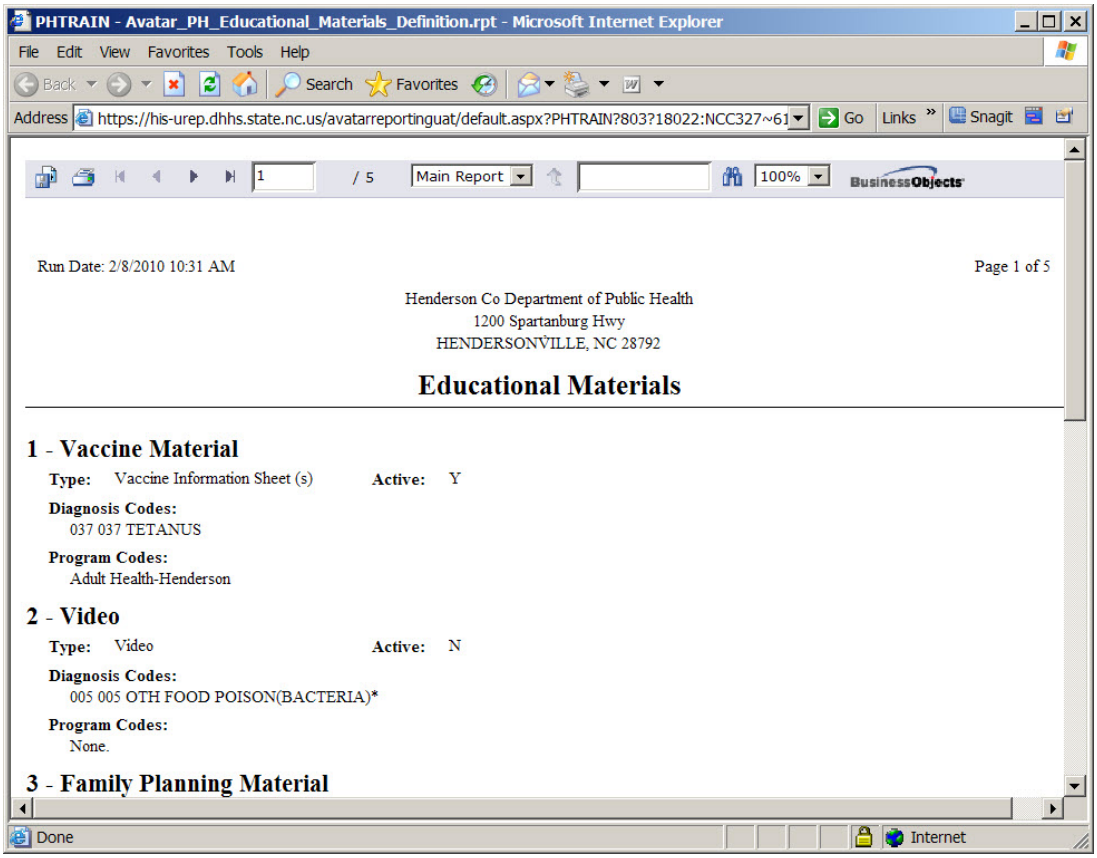

Figure 61: Example of Educational Material Report.

3.18 Add New Outgoing Referral Source

District Setup Note: This task should be handled at the local level (i.e., 100 level RSCs) as referral sources can vary. Make sure you are logged into the applicable sub-RSC before addressing this task.

Using the referral source codes that you defined when completing the "Now" setup tasks, you can now include these referral sources in Avatar using the steps outline below. Please note that the process of using/accessing referral sources in the system will not be available until the completion of the Operation and Maintenance (O&M) phase. This is an optional setup task.

Avatar Path:

Avatar PH > System Maintenance > System Definition > Referral Source Maintenance

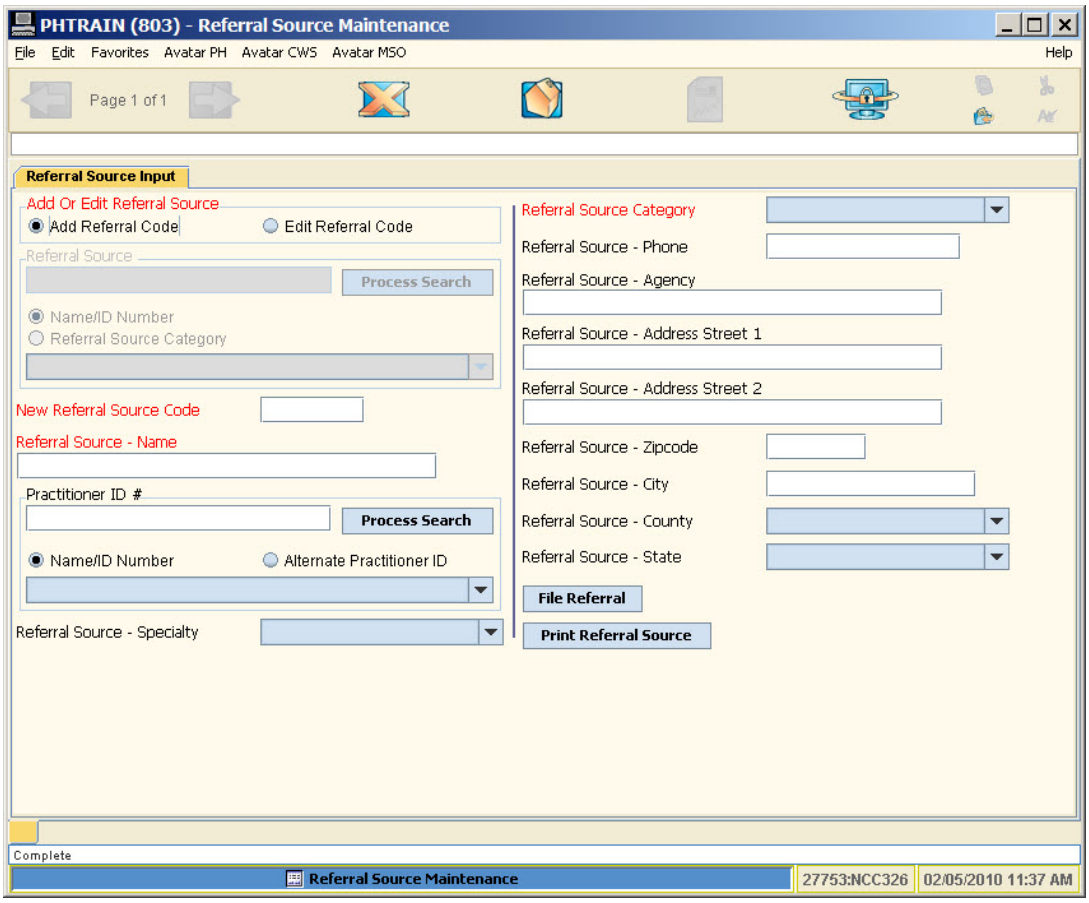

Figure 62: Referral Source Maintenance option

1. Select *Add Referral Code* in the **Add Or Edit Referral Source** field.
2. Enter a referral source code in the **New Referral Source Code** field.

   NOTE: This field is limited to 10 characters, and defined by the local agency.

3. Enter the referral source name in the **Referral Source – Name** field.

   NOTE: This field is defined by the local agency.
4. Select an appropriate category from the **Referral Source Category** drop-down field.

   NOTE: If you require an additional category added to this drop-down field, please complete the *HIS Request Form*. The form is located on the HIS Website (Training & System Manuals > Forms).
5. Click the **File Referral** button to save the referral to the system.

4. Setup Tasks – Weekend Before GoLive

The following tasks will be addressed by your agency the **weekend** prior to your GoLive date. This information is to be verified in the PHLive (i.e., Production) environment, unless noted otherwise. Please note that you will not have access to the system until after 12:00 pm on the the Sunday before your GoLive date. Use this page to check off completed activity.

	Task(s)	Associated Instruction(s)
☐	Close Transaction Control Date	• 4.1 Close Transaction Control Date
☐	Receipt Number Definition	• 4.2 Receipt Number Definition
☐	Verify Converted Appointments Note: This task is only applicable for local agencies using HSIS appointment scheduling.	• 4.3 Verify Converted Appointments
☐	Validate Cross Episode Financial Eligibility	• 4.4 Validate Cross Episode Financial Eligibility

4.1 Close Transaction Control Date

District Setup Note: This task should be handled at the local level (i.e., 100 level RSCs). Make sure you are logged into the applicable sub-RSC before addressing this task.

Use the **Close Transaction Control Date** option to specify a date as no longer valid to be used as the Transaction Date in any of the cash posting options in the system. The close date will be the day prior to your GoLive date (i.e., the day you complete the Weekend Before GoLive tasks). For example, if your GoLive date is 05/05/10, your Transaction Control Close date is 05/04/10.

Avatar Path:

Avatar PH > System Maintenance > System Definition > Receipt/Transaction Control Maintenance > Close Transaction Control Date

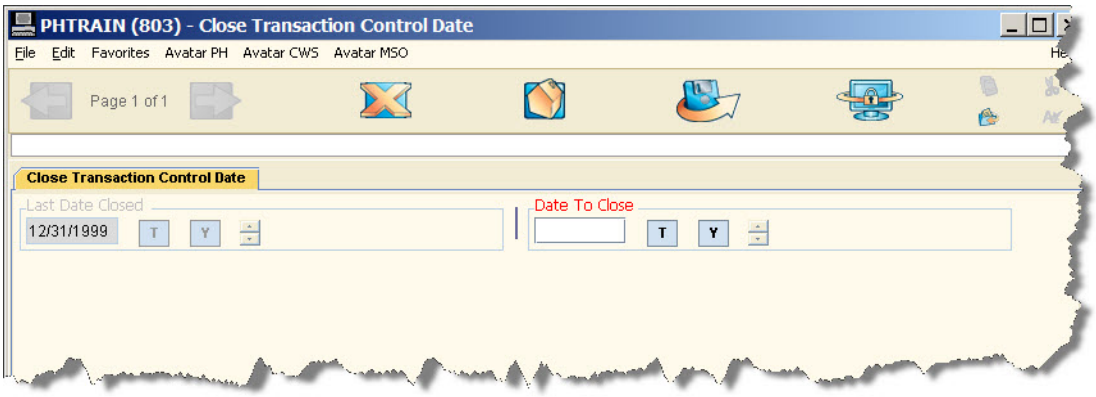
PHTRAIN (803) - Close Transaction Control Date
File Edit Favorites Avatar PH Avatar CWS Avatar MSO
Page 1 of 1
Close Transaction Control Date
Last Date Closed
12/31/1999
Date To Close

Figure 63: Close Transaction Control Date option

1. Enter the close date in the **Date To Close** field.

2. Click the **Submit** button to complete the process.

4.2 Define Receipt Number Definition (Optional)

District Setup Note: This task should be handled at the local level (i.e., 100 level RSCs). Make sure you are logged into the applicable sub-RSC before addressing this task.

Use the **Receipt Definition** option to define the format of your agency's receipt number in HIS, as well as to set or re-set the current or initial number defined in the system. For multi-clinic facilities, this set-up option can be used to create a specific receipt format for each site in the facility. This task must occur after Data Conversion 2.

Avatar Path:

Avatar PH > System Maintenance > System Definition >Receipt/Transaction Control Maintenance > Receipt Definition

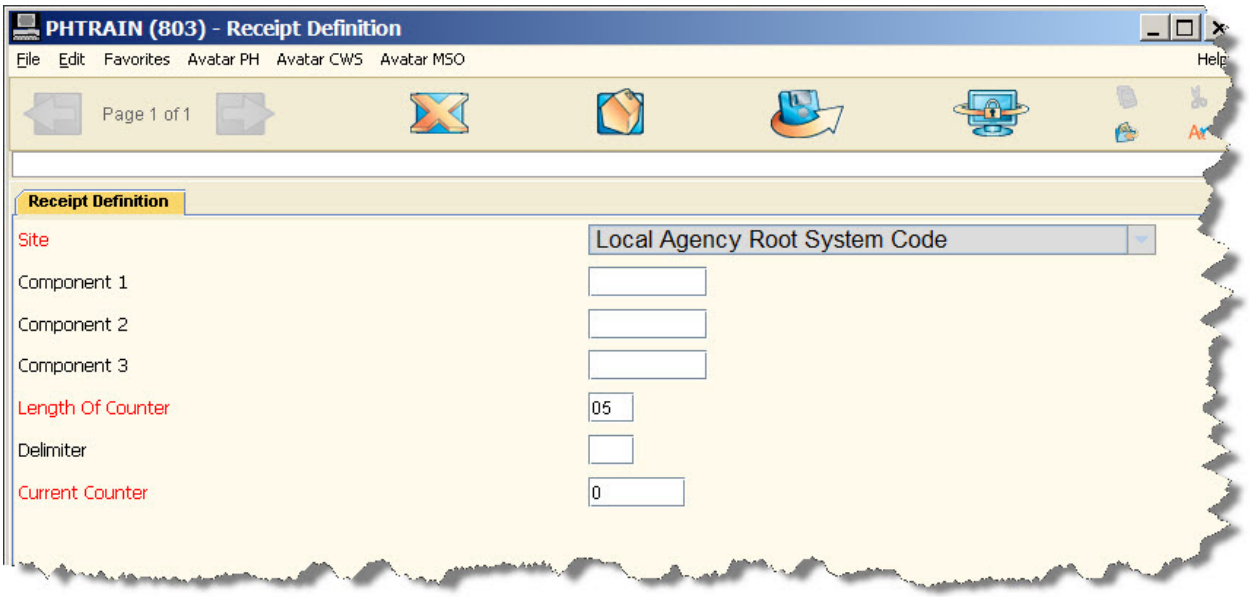

Figure 64: Receipt/Transaction Control Maintenance – Receipt Definition Tab.

1. Select your *RSC* from the **Site** drop-down field.
2. Enter a two-character number in the **Length of Counter** field.

   NOTE: This two-character number defines how many digits your local agency wants the counter to incorporate. For example, if you want a receipt number that is five (5) digits long type in 05.
3. Enter a starting receipt number in the **Current Counter** field.

   NOTE: This is the starting receipt number to begin the count on the receipts. For example: If you want the receipt count to start with one (1) type in zero (0) and your receipt number will be

00001 (this is using *05* as the **Length of Counter**). If you want the receipt count to start with ten (10) type in nine (9) and you receipt number will be 00010.

4. Click the **Submit** button to complete the process.

NOTE

Components 1-3 can be used to define the format of the receipt number. For example, if you want the receipt number for a specific site to start with a letter "A" followed by the last two digits of the current year, you enter "A" as Component 1 and the 2-digit year in Component 2.

4.3 Verify Converted Appointments

District Setup Note: This task should be handled at the local level (i.e., 100 level RSCs). Make sure you are logged into the applicable sub-RSC before addressing this task.

For those local agencies that utilized HSIS for appointment scheduling, verify that your appointments were carried over correctly during the data conversion process. Two reports can be generated to assist you with quickly verifying this data. Please refer to the *How To Establish A Clinic Site for Clinic Appointment Scheduling* guide on the HIS Website (Training & System Manuals > How To Help Guides). Once you access this how to document, refer to Section 4 – Verify Converted Appointments.

4.4 Validate Cross Episode Financial Eligibility

District Setup Note: This task should be handled at the local level (i.e., 100 level RSCs). Make sure you are logged into the applicable sub-RSC before addressing this task.

After data conversion from HSIS to HIS, clients with Medicaid will have this guarantor automatically included in the client's **Cross Episode Financial Eligibility**. Those clients that do not have Medicaid will have the following guarantors added automatically – Patient Pay, Patient Pay – Confidential and SFS Adjustment. This information will display on the **Cross Episode Financial Eligibility** tab.

To address this task, access the **Cross Episode Financial Eligibility** option in HIS and select a few clients that have Medicaid and a few that do not have Medicaid to ensure that the guarantors identified above were associated to the client on the **Cross Episode Financial Eligibility** tab. This task must occur after Data Conversion 2.

Avatar Path to Cross Episode Financial Eligibility:
Avatar PH > Client Management > Account Management > Cross Episode Financial Eligibility

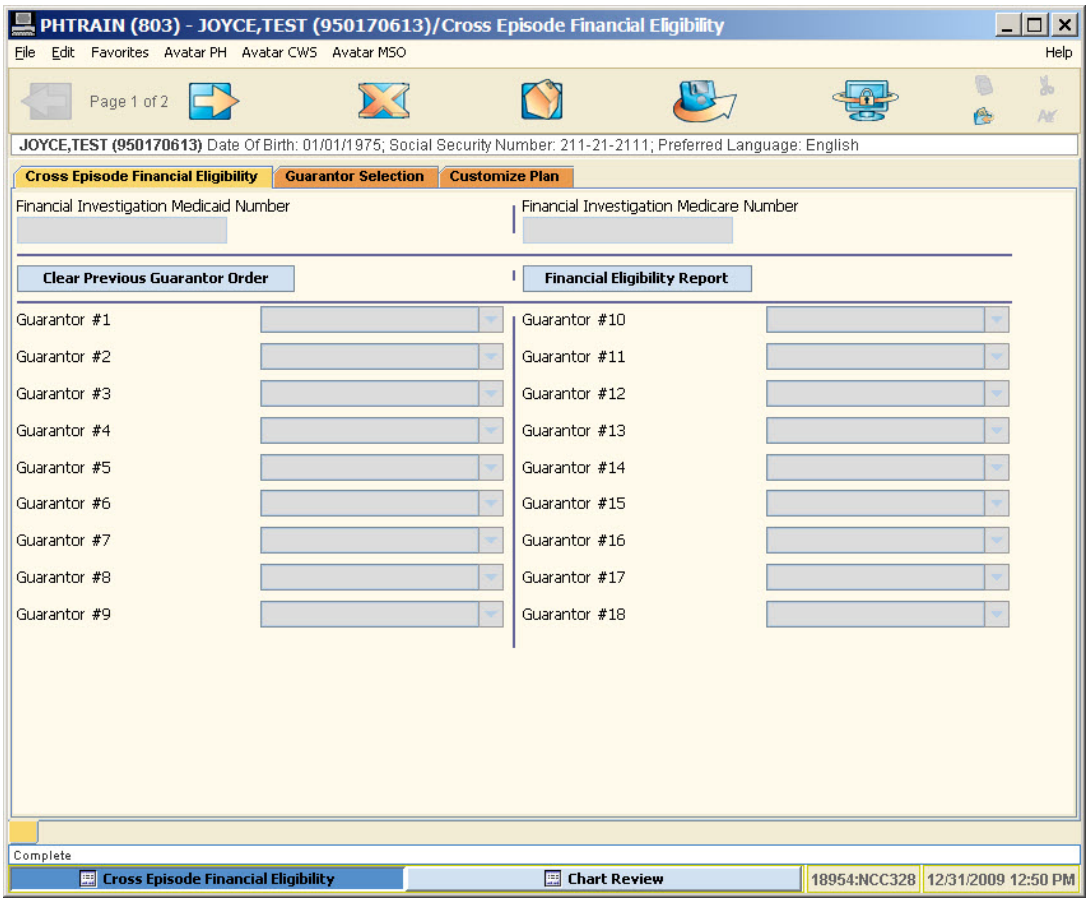

Figure 65: Cross Episode Financial Eligibility

Additional information related to this option can be found in the *How To Setup Cross Episode Financial Eligibility* guide, which is located on the HIS Website (Training & System Manuals > How To Help Guides).

5. Setup Tasks – GoLive

The following tasks will be addressed by your agency on your GoLive date. This information is to be entered in your Production (i.e., live) environment. Use this page to check off completed activity.

	Task(s)	Associated Instruction(s)
☐	Enter new practitioners not included during the data conversion process. NOTE: After data conversion, this will be an on-going process for the local agency.	• 5.1 Enter New Practitioners

5.1 Enter New Practitioners

District Setup Note: This task should be handled at the District level (i.e., 200 level RSCs) as practitioners can provide service in each district agency.

For practitioners that were not included during data conversion, the following steps detail how to enter a new practitioner.

Avatar Path:

Avatar PH > Practitioner > Practitioner Registration > Practitioner Enrollment

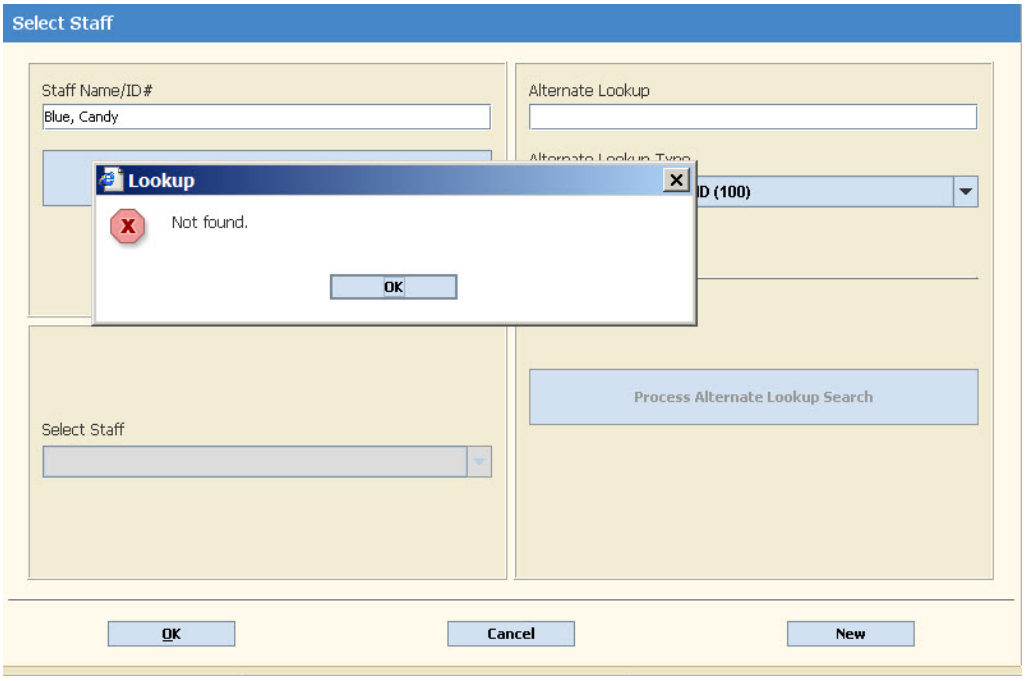

Figure 66: Practitioner Registration – Practitioner Enrollment Search

1. Enter the practitioner's name in the **Staff Name/ID#** field.

2. Click the **Select Staff Name/Id# Search** button.

   NOTE: A Lookup dialog box displays, indicating the individual is not found. The **New** button is now active. Click the **OK** button to continue.

3. Click the **New** button.

   NOTE: The "New ID" dialog box displays indicating, the ID number assigned to the practitioner. Click **OK** to continue.

Figure 67: New ID dialog box

4. The **Practitioner Enrollment** option displays.

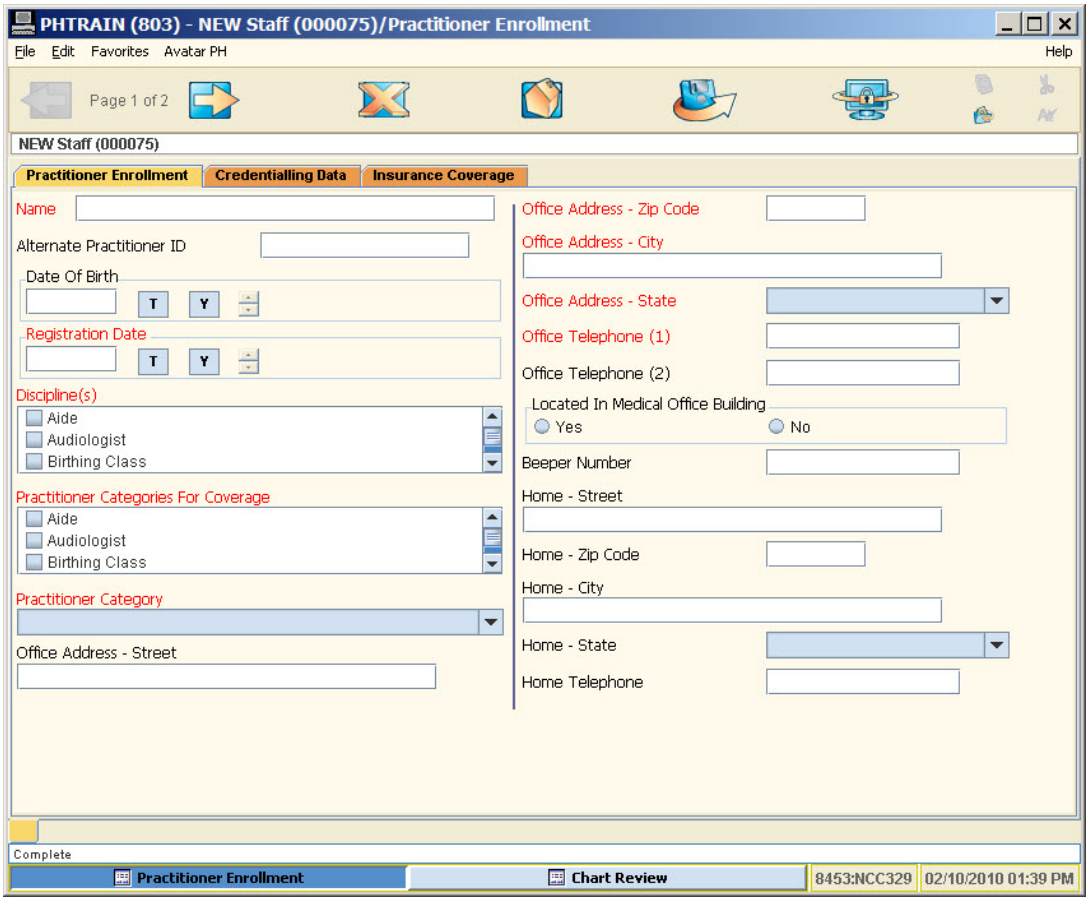

Figure 68: Practitioner Enrollment option

5. Enter the practitioner's name in the **Name** field.

   NOTE: Enter the name following the *Last Name,First Name* format.
6. Enter today's date or the practitioner's date of hire in the **Registration Date** field.
7. Select all applicable specialty areas for the practitioner in the **Discipline(s)** field.

   NOTE: A practitioner can have more than one discipline selected in this field.
8. Select the appropriate categories in the **Practitioner Categories for Coverage** field.

   NOTE: This field determines whether certain services are covered by this practitioner.
9. Select the category that identifies the service provided by the practitioner in the **Practitioner Category** drop-down field.

   NOTE: For Dentists, use *Other PH Professional*.
10. Enter the practitioner's office address zip code in the **Office Address – Zip Code** field.

    NOTE: When you tab out of this field, the **Office Address - City** and **Office Address - State** fields will automatically populate.
11. Enter the practitioner's office telephone number in the **Office Telephone (1)** field.
12. Click the **Submit** button to complete the process.

    NOTE: No entries are required on Page 2 of the **Practitioner Enrollment** tab and it is optional to complete the fields within the **Credentialing Data** and **Insurance Coverage** tabs.

Appendix A – Verification Form

Local Health Department:

_____

Please use this form to verify that the information in the PHTRAIN environment of HIS for your local health Department is complete and is what you want moved into Production. Place a check (√) in front of each item that has been verified. **If any of the lists are not complete and correct, please leave that line blank and put the additional information needed in the space provided below the item.**

☐	In Program Maintenance, the list of Programs offered in your agency is complete.
☐	The options allowed in the dictionary listing of documents which may be used to verify income complete and correct.
☐	There are no items that need to be added to the standard dictionary list of Consents/Authorizations/Notifications.

_____

Signed (Local Health Director)

Submit *no later than 4 weeks before your GoLive date* to:
- HIS Team, MSC 1919, Raleigh, NC 27699-1919; or
- via fax: (919) 870-4851

Appendix B – Referral Source

During the NOW phase, you can capture on paper the referral sources that will need to be entered into HIS after Data Conversion 1. During the One Week phase, you will have the opportunity to begin entering your referral sources. It is recommended that your agency create an Excel Spreadsheet to capture required and optional information for your referral sources.

Required fields			Optional fields					
Referral Source Code	Referral Source Name	Referral Source Category	Practioner ID	Specialty	Phone #	Agency Name	Address	Zip Code

SAMPLE

Figure 69: Sample Referral Source spreadsheet

*** *End of Document* ***